MINISTRY OF HEALTH

ANNUAL HEALTH SUB-PROGRAMME PERFORMANCE REPORT

FINANCIAL YEAR

FY 2024/25

MINISTRY OF HEALTH

ANNUAL HEALTH SUB-PROGRAMME PERFORMANCE REPORT

FY 2024/25

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ACRONYMS AND ABBREVIATIONS

AHSPR	Annual Health Sector Performance Report
ALOS	Average Length of Stay
ANC	Ante Natal Care
APG	Ambulatory Patient Group
ART	Anti-retroviral Therapy
ARVs	Antiretroviral Drugs
BOR	Bed Occupancy Rate
CEmNOC	Comprehensive Emergency Neonatal and Obstetric Care
COVID-19	Corona Virus Disease 2019
CSO	Civil Society Organization
CHEW	Community Health Extension Worker
DHIS	District Health Information System
DPTHibHeb	Diphtheria, Pertussis, Tetanus, Haemophilus Influenza and Hepatitis B
DRG	Diagnostic Related Group
EMHS	Essential Medicines and Health Supplies
FP	Family Planning
FY	Financial Year
GAVI	Global Alliance for vaccines and Immunization
GBV	Gender Based Violence
GFTAM	Global Fund to fight TB, Aids and Malaria
GH	General Hospital
GoU	Government of Uganda
HC	Health Centre
HDP	Health Development Partners
HMIS	Health Management Information System
HPAC	Health Policy Advisory Committee
HPV	Human Papilloma Virus
HRH	Human Resources for Health
IDSR	Integrated Disease Surveillance and Response
iCCM	Integrated Community Case Management
iHRIS	Integrated Human Resource Information System
IMMR	Institutional Maternal Mortality Rate
IP	Implementing Partner
IPMR	Institutional Perinatal Mortality Rate
IPT	Intermittent Preventive Treatment for malaria
IRS	Indoor Residual Spraying
JICA	Japan International Cooperation Agency

JMS	Joint Medical Stores
JRM	Joint Review Mission
KCCA	Kampala City Council Authority
KRA	Key Result Area
LG	Local Government
LT	League Table
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoPS	Ministry of Public Service
MPDSR	Maternal Perinatal Death Surveillance & Review
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable Diseases
NMS	National Medical Stores
NRH	National Referral Hospital
NSDS	National Service Delivery Survey
NTDs	Neglected Tropical Diseases
OPD	Outpatients Department
PHC	Primary Health Care
PHP	Private Health Providers
PNFP	Private Not for Profit
PPH	Post-Partum Haemorrhage
RMNCAH	Reproductive Maternal Neonatal Child and Adolescent Health
RRH	Regional Referral Hospital
RTI	Road Traffic Injury
SMC	Senior Management Committee
SQIS+	Self-regulatory Quality Improvement System Plus (SQIS+)
TB	Tuberculosis
THE	Total Health Expenditure
TWG	Technical Working Group
UBOS	Uganda Bureau of Statistics
UBTS	Uganda Blood Transfusion Services
UDHS	Uganda Demographic Health Survey
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
URMCHIP	Uganda Reproductive Maternal Child Health Improvement Project
USAID	United States Agency for International Development
UVRI	Uganda Virus Research Institute
VHT	Village Health Team
VL	Viral Load
WHO	World Health Organization

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FOREWORD

> ***The Ministry of Health presents the Fifth and final Annual Health Sector Performance Report under the Third National Development Plan (NDP III) for the Financial Year 2024/2025. The report highlights the continued delivery of quality and equitable health services to approximately 48 million people in Uganda, including about 1.9 million refugees.***

This report provides a comprehensive account of sector achievements, challenges, and lessons learned over the year. It highlights the continued commitment of the Government of Uganda and its partners to strengthen health systems for Universal Health Coverage (UHC) by 2030.

This AHSPR will be presented at the 31st Health Sector Joint Review Mission (JRM) in December 2025, where sector stakeholders will review progress, assess performance, and agree on strategic actions to accelerate delivery of health outcomes.

The sector saw improvements in surveillance and outbreak response, increased adoption of digital health innovations, and advancements in service delivery through the Primary Health Care (PHC) strategy, all of which demonstrated the commitment of health professionals in the face of persistent difficulties. However, the year was marked by major challenges, such as funding disruptions that impeded critical health interventions. As a result, the Government took swift action to preserve vital health services and protect performance gains.

I extend my deepest appreciation to all Ministries, Departments and Agencies, Local Governments, Health Development Partners, Civil Society Organizations, the Private Sector, and Communities for their continued support, and collaboration with the sector and your valued input into this report. Your partnership has been instrumental in sustaining the health system through this period of adjustment and transformation.

Special appreciation goes to the Permanent Secretary, Director General Health Services, and the core team from the Ministry for preparing this report and leading the organization of the 31st Joint Review Mission.

I urge all readers to use the insights in this report to promote evidence-based dialogue, advocacy, planning, and resource mobilization, with renewed commitment to our collective vision of a healthy and productive population for sustainable development.

Hon. Dr. Jane Ruth Aceng Ocero
MINISTER OF HEALTH

ACKNOWLEDGEMENT

I extend my deepest appreciation to all individuals and institutions that contributed to the preparation of the Annual Health Sector Performance Report (AHSPR) for the Financial Year 2024/2025.

This report represents the collective effort of many actors dedicated to improving the health and well-being of the people of Uganda.

Special recognition goes to the Core Team led by the Director General Health Services and the Commissioner Health Information, Statistics, Monitoring and Evaluation for providing overall technical leadership and coordination of the report development process.

I also appreciate the invaluable contributions of the Health Development Partners, including WHO, CHAI, UNFPA, Global Fund, 3FHI, and HISP, for facilitating the preparation of the report and the organization of the Joint Review Mission.

The report draws on the hard work and commitment of all stakeholders—Local Governments, Public and Private Health Providers, Development Partners, Civil Society Organizations, and Community Structures—whose concerted efforts ensured implementation of planned interventions despite challenges arising from funding disruptions, commodity shortages, and system pressures during the year.

I also commend all technical departments of the Ministry of Health, the National, Specialized and Regional Referral Hospitals, and the District Health Teams for their continued dedication to data generation, analysis, and evidence-based performance tracking, which form the backbone of this report.

As we move into the new financial year, I urge all stakeholders to maintain the spirit of collaboration, innovation, and accountability that has kept our sector advancing even in times of constraint. Let us continue working together to strengthen systems, optimize resource use, and deliver equitable, quality health services for all people in Uganda.

Dr. Diana Atwine
PERMANENT SECRETARY
MINISTRY OF HEALTH

EXECUTIVE SUMMARY

This Annual Health Sector Performance Report for Financial Year 2024/25 is the fifth and final during the National Development Plan (NDP) III period and it mainly focuses on the progress in implementation of the health subprogram annual workplans FY 2024/25 based on the respective institutional and hospital 5-years Strategic Plans. The report will be presented and discussed during the 31st Health Sector Joint Review Mission (JRM) 9th and 10th December 2025 and the recommendations will guide planning, programming and budget allocation for the FY 2025/26.

The report has 4 chapters namely, 1) Introduction giving the background, sector strategic direction and sector priorities for FY2024/25; 2) Overall Sector Performance and Progress based on the NDP III KRAs, Performance of key outcome indicators, Disease Burden, Laboratory services, essential medicines and health supplies, health financing and health financing; 3) Performance of Local Governments, Health Facilities and Community Health Services; 4) Progress in implementation of the MoH Strategic Plan for FY2024/25.

Key Result Areas

The health sector contributed directly to six Key Results Areas (KRAs) of the Third National Development Plan. Performance was assessed using 30 indicators, of which 16 (51.6%) met their targets, 1(3.2%) made partial progress, while 14 (45.2%) fell below target. Despite fiscal constraints and disruptions in funding, the sector continued to make measurable gains in human resources, disease control, and service quality.

KRA 1 (Improved Skills Mix). This result area was 100% achieved as all the 2 indicators were satisfactorily met. The number of registered doctors increased from 9,388 to 10,433, and nurses and midwives from 119,132 to 133,542, meeting the annual target for health workers per 10,000 population. The number of physicians per 10,000 population increased 2.1 to 2.3 against baseline of 1. However, the overall staffing level in the health sector remained low at 34% of the new staffing structure.

KRA 2 (Reduced Morbidity and Mortality of the Population). KRA 2 comprises of 14 indicators of which 7(50%) have been fully met and 7 are in progress. New HIV infections declined to 0.79 (against a baseline of 1.3 and target 2) per 1,000 susceptible population, and the maternal mortality ratio improved to 189 (against a baseline of 336 and target 211) per 100,000 live births. Mortality due to WASH-related causes dropped to 28.1 (against a baseline of 54 and target 43) per 100,000 and total mortality from communicable diseases per 100,000 reduced to 16 (against a baseline of 60 and target 30) per 100,000. Nonetheless, malaria incidence rose by 11% to 260 cases per 1,000 population, exceeding the baseline of 293, and diarrheal illnesses among under-fives increased from 7.6% to 8.1% and still below the baseline of 6.9%, highlighting the need for intensified prevention measures. Only indicators for annual cardiovascular incidence cases could not be tracked but starting next FY this data will be collected using the HMIS tools.

IMPROVED SKILLS MIX

100%
Achieved

Doctors Increased from **9,388 to 10,433**

Nurses & Midwives from **9,388 to 10,433**

MORBIDITY AND MORTALITY

50%
have been fully met

New HIV infections declined to **0.79**

Maternal mortality ratio decreased to **189**

Mortality due to WASH-related causes dropped to **28.1**

Malaria incidence rose by **11%**

Diarrheal illnesses among under-fives increased to **8.1%**

KRA 3 (Improvement in Social Determinants of Health and Safety). Under this result area, 62.5% (5/8) of indicators met targets while 3 were not achieved. Mortality due to injuries fell from 6.6% to 2.1%, obesity in children under five was 2.8% compared to a target of 3.7%, improved sanitation coverage was 44 compared to a target of 45, improved handwashing was 47 compared to a target of 50, and alcohol abuse rate at 4.4% compared to a target of 4.8%.

Indicators that were not met include Stunting, wasting and teenage pregnancy. Stunting under 5 was 25% compared to a target of 19% exceeding the baseline of 29%, wasting under five was 2.9% compared to a target of 1.8% exceeding the baseline of 4%, and prevalence of teenage pregnancy (15–19 years) was 24% compared to a target of 15% and baseline of 25%.

KRA 4 (Reduced Fertility and Dependence Ratio). KRA 4 comprises 3 indicators of which 2(66.7%) are met and 1(33.3%) is still in progress. Performance was strong, with the Total Fertility Rate declining to 4.5% according to the Census 2024 meeting the NDP III target and baseline of 5.4%. The unmet need for family planning fell slightly to 19.9%, and modern contraceptive use now reaches 4.29 million women, averting an estimated 1.6 million unintended pregnancies and 2,200 maternal deaths. However, the couple years of protection declined to 4.1 million, suggesting reliance on short-term methods.

KRA 5 on Universal Health Coverage (UHC). All the 3 indicators for UHC were not met. There is still low insurance coverage of 1.1% (against a baseline of 5.1% and compared to a target of 25%), high out of pocket expenditure of 27.4% compared to a target of 20% but exceeding the baseline of 42%, and low perceived quality services at public facilities at 59% compared to a target of 80%. Satisfaction was highest in Ankole (77%) and lowest in Acholi (39%), with private facilities (81%) performing better than public (61%). The level of client satisfaction at lower-level facilities was higher (68% in HCIII, and 69% in HCIVs) than the higher-level facilities (51% for NRH and 50% for RRHs). The average national client satisfaction rate of 59% still falls below the 80% target - driven mainly by medicine stock-outs, long waiting times, and service costs.

KRA 6 on all Key Forms of Inequities Reduced. The target of 58% for universal health care access was not achieved, with the score at 49% as per the 2023 Global Monitoring Report, which represents a slight increase from a baseline of 45%. Overall, these results demonstrate progress in workforce expansion, mortality reduction, and service quality improvement, but also reveal persistent challenges in financing, malaria control, and client satisfaction. Strengthening health system resilience and resource predictability will be essential to sustain gains and accelerate progress toward Universal Health Coverage by 2030.

SOCIAL DETERMINANTS OF HEALTH AND SAFETY

62.5%
indicators met targets

Mortality due to injuries **6.6% to 2.1%**

Indicators that were not met include

- Stunting
- Wasting and
- Teenage Pregnancy

Indicators progress include:

- Sanitation coverage
- Handwashing
- Alcohol abuse

FERTILITY AND DEPENDENCE RATIO

66.7%
are met

Total Fertility Rate declining to **4.5%**

Unmet need for family planning reduced to **19.9%**

Adolescent fertility rate (Birth rate per 1,000) reduced to **61.2%**

UNIVERSAL HEALTH COVERAGE

Indicators that were not met include

- Proportion of the population accessing health insurance (%) still at **1.1%** against **25%**

Indicators that were not met include

- Out of pocket health expenditure (financial protection for ill health)
- Readiness capacity of health facilities to provide general services

Disease Burden

OPD Attendances: Government health facilities constitute the preferred facilities for OPD attendance accounting for 77% of all OPD attendances, followed by PNFP (13%) and PFP (10%). Over 82% of all OPD attendees were the patients aged over 5 years compared to those who are younger. A deep dive reveals that over 66% of patients seek services from lower-level facilities (HCIII and HCIV) and the majority (over 40%) patients visited HCIIIs, most of which have recently been upgraded and functionalized, in conformance with the national referral system.

OPD Conditions: Malaria, cough or cold (no pneumonia) and urinary tract infections remain the three main causes of all OPD conditions. Malaria incidence was reduced to 261 compared to 280 cases per 1,000 persons in the previous year. The highest malaria incidence was noted in Acholi region (724), followed by Teso (514), Lango (488) and lowest in Kigezi (40) and Kampala (96) and lowest was recorded in Kigezi region (40).

Injuries amongst OPD Attendances: The total number of OPD attendances due to injuries reduced from 843,653 in FY2023/24 to 644,411 in FY 2024/25. Trauma due to other causes accounted for 57.6% of all injuries (compared to 42% in previous year), 18.9% related to road traffic injuries (RTIs) up from 15% in the previous year; and injuries due to Gender based violence at 11% up from 9% in the previous year. Among the RTIs, motorcycles accidents (56%) and motor vehicles (17.2%) were the leading cause of injuries. The region that recorded the highest number of RTIs was Kampala (904), followed by Busoga (697) and Lango (509) while the lowest level was recorded by Bunyoro (117) compared to a national average of 341.

Emergency Medical Services. A total of 855 emergency cases per 100,000 reported compared to 828 in previous year. Kampala recorded the highest number of emergency cases, followed by Busoga, Acholi and North Buganda. In contrast Bunyoro and Tooro recorded the lowest cases. 59.9% received care at the scene, 21.4% arrived at the health facility in an ambulance, 82.7% were attended to within an hour and 1.1% death occurred.

Mental Health Conditions. Mental health conditions in Uganda have been rising steadily from 455,153 cases in 2021/22 to 666,239 cases in 2024/25 with females constituting 57.4 of the patients. The leading mental health conditions are epilepsy (44.9%), unipolar depression disorder (15%) and bipolar disorder (10.8%). West Nile, Busoga, and North Buganda reported the highest burden of OPD attendance due to epilepsy. Relatively low levels of Epilepsy cases attending OPD were reported for Karamoja region.

In-patient Admissions. Inpatient admissions rose by 10.4% from 3,579,106 to 3,952,629 with children under 5 years accounting for 39.5% of all admissions compared to 36.1% in the previous year.

OPD ATTENDANCES

OPD attendance in government health facilities accounting for

77%

of all OPD attendances, followed by PNFP **(13%)** and PFP **(10%).**

OPD CONDITIONS

Malaria, cough or cold (no pneumonia) and urinary tract infections remain the three main causes

The highest malaria incidence was noted

Acholi **724,**
Teso **514,**
Lango **488**

and lowest in

Kigezi **40**
&
Kampala **96**

INJURIES AMONGST OPD ATTENDANCES

Number of OPD attendances due to injuries reduced from

843,653
to
644,411

motorcycles accidents **56%** and motor vehicles **17.2%**

EMERGENCY MEDICAL SERVICES

A total of **855** emergency compared to **828** in previous year

59.9% Received care at the scene

21.4% Arrived in an ambulance

82.7% Attended to within an hour

MENTAL HEALTH CONDITIONS

have been rising steadily from **455,153** to **666,239**

females constituting **57.4%** of the patients

epilepsy (44.9%), unipolar depression disorder (15%), bipolar disorder (10.8%).

IN-PATIENT ADMISSIONS

Inpatient admissions rose by

10.4%

Females above 5 years of age continue to lead the admissions at 35.6% compared to 41.6% in the previous year. Overall, HCIIIs accounted for the largest share of inpatient admissions (32.8%), followed by HCIVs (24.8%) and General Hospitals (24.5%). For PNFPs the highest number of inpatient admissions were at the General Hospitals. However, RRH and NRHs continue to receive the largest number of admissions per day at 67 and 56 patients per day respectively compared to only 2 patients per day for HCIIIs. 76% of all patient admissions were to government health facilities with Busoga and Kampala regions having the highest number of admissions while Bunyoro and North Central registered the lowest turnup. Malaria (26.8%), pneumonia (6%), septicemia (4.5%), cough & cold (4.5%), urinary tract infections (4.4%) and all neonatal conditions (4.3%), accounted for over 50 of all impatient admission.

In-patient Mortality. As reported in the previous year over 75% of all facility deaths occur at General hospitals (30.5%), RRH (30%) and NRH (15.6%). Neonatal conditions (14.9%), pneumonia (8.3%), malaria (5%) and injuries (4.8%) account for the largest cause of mortality as was the case in previous years. 32% of neonatal death are premature babies that requires management. Death due to hypertension is on the rise accounting for 4.5% of all in-patient death compared to 2.8% in the previous year. North Buganda, Busoga and Bunyoro registered the highest number of malaria death. Although death due to injuries decreased by 14.9%, motorcycle and motor vehicle accidents still account for over 50% of death due to injuries.

Key Health Outcome Indicators

Out of the 32 key outcome indicators, 27 were evaluated during the reviewed year, while 5 were not because of insufficient data. Nine indicators were not met, eleven were in progress, and seven had been met.

Outcome Indicators Achieved. The outcome indicators that were met include measles immunization coverage under 1 year (97% against a target of 95%); ART Coverage (93% against a target of 91%) with more effort required to target children 0-9 years and adolescents 10-19 years; ART Viral Load Suppression Rate amongst PLHAs on treatment with more efforts required to bring on board more children, adolescents and men (95% against a target of 95%); 100% detection and management of zoonotic diseases; girls immunized against cervical cancer (97% against a target of 90%); ANC 4th visit coverage (56% against a target of 56%) and percentage of pregnant women receiving ferrous sulphate supplement on first visit (71.5% against a target of 65%) with additional focus required to improve coverage in Kampala, South Buganda and Teso regions.

Outcome Indicators in Progress. Slow progress was registered in DPT3 coverage (97% compared to target of 100%) owing to equity challenges that are being addressed through engagement with CSOs; Insecticide Treated Nets coverage for malaria prevention (76.6% compared to target of 85%); TB case Notification Rate (176 against a target of 179) due to scale-down by some partners; districts eliminating blinding trachoma (96% compared to target of 100% for elimination) with only 58 out of the 61 target districts covered; Tobacco smoking rate remains 91.7% against a target 95%; health facility deliveries 71% (target 74%); CEMNOC in HC IVs 66.4% against a target 75% mainly due to challenges such as lack of blood fridges, infrastructure and staffing gaps; maternal death amongst 100,000 health facility deliveries was 69.1 against a target 20; facility based fresh still birth at 5.3 is an improvement from the previous year but still falls short of the target of 4; percentage of perinatal death reviewed 56.2% against a target of 60%; and under-five vitamin A second dose coverage 57% against a target of 80%.

Indicators that were not achieved include HIV positive pregnant women initiated on ARVs for EMTCT 91% against a target 95%, HIV exposed infants with first DNA/PCR test within 2 months 83% compared to a target 95%, and ART Retention Rate at 12 months 95% against a target 80% which declined compared to the previous year due to partner funding shortfalls resulting from the work stop orders that affected access of HIV/AIDS commodities and supplies. Leprosy patients with Grade 2 disability at time of diagnosis 17% against a target 5% due to high

numbers of leprosy patients in West Nile & Tooro region due influx of refugees from Congo and South Sudan; Hepatitis B vaccine dose 1st dose 18% (target 80%) due to stock-out of Hepatitis B vaccines; cervical cancer screening in women aged 20-45 years 23% against a target 50% due to limited awareness about cancer screening services as well as poorly equipped facilities; IPTP3 coverage for pregnant women 65% (target 90%) due to low update from late attendance; anemia screening at first prenatal visit was 28% against a target 65 due to inadequate supplies for anemia screening during prenatal visits and % maternal death reviewed 88% against a target 95% due to inadequate reporting.

Essential Medicines and Health Supplies

The financing need for Essential Medicines and Health Supplies (EMHS) increased by 14% to USD 1.06 billion due to factors such as population growth and disease burden. Current commitments of USD 515 million only satisfy 48.8% of this need, resulting in a funding gap of USD 491 million. Development partners provided 64.3% of available funding and 35.7% was from the Government of Uganda. Government is therefore looking into expanding funding in line with initiatives to enhance domestic funding as detailed in the 0-year Health Supply Chain Roadmap.

The EMHS credit line at National Medical Stores (NMS) grew by 26% to UGX 677.7 billion, with major increases at lower-level health facilities and specialized institutions. Similarly, the PNFP credit line at Joint Medical Stores (JMS) rose by 26% from the previous year maintaining nearly 100% utilization of efficiency and accountability within the sector and serving 556 facilities.

Nonetheless, reporting performance and commodity availability declined sharply, from January 2025, due to funding disruptions and system downtime following the USG stop-work order. Medicine stock status reporting dropped below 60% in several months, with completeness plunging to 3% in April 2025. Average national availability of the 50 tracer commodities stood at 62%, well below the 90% target. Facility-level availability of EMHS (53%), ARVs (59%), and Lab commodities (50%) remained critical weak points, despite higher warehouse-level performance (77% overall).

These trends underscore the urgent need to stabilize supply chain financing, strengthen last-mile distribution, and invest in digital infrastructure and human capacity to ensure reliable, equitable access to medicines and health supplies across all levels of care.

Laboratory Services

Over the past five cycles, response rates for EID, VL, mRDT, CrAg, Gram, and HPV declined, mainly due to reagent stock-outs and equipment breakdowns. However, pass rates improved across most schemes, with CBC, culture & sensitivity, and urinalysis achieving ≥80% participation, and most schemes attaining ≥80% pass rates following targeted mentorship. NEQAP expanded to include eight animal laboratories, one environmental health laboratory, and laboratories in five other countries participating in mRDT, Gram, culture & sensitivity, and CrAg schemes.

At the national level, test menu implementation improves progressively with the health facility level at the national level, test menu implementation improved progressively with the health facility level from 47% at HC III, 64% at HC IV, and 58% at GH, to 75% at RRH, indicating that higher-level facilities generally maintain better compliance with the recommended test menu.

Kampala had the highest compliance at the HC III level with 63%, while Kigezi excelled at the HC IV level with 68%. Kigezi also achieved the best results for general hospitals at 68%, and Busoga led at the RRH level with 81%. Conversely, Bunyoro (37%) and Teso (41%) had the lowest compliance at the HC III level, along with Karamoja (54%) at the HC IV level.

Health Financing

In FY 2024/25, the total health sector resource envelope amounted to UGX 4,069.84 billion and the contribution from Government of Uganda (GoU) was 68.5%, equivalent to approximately UGX 2,786.67 billion. This represents an increase of six (6%) percent for domestic financing

compared to the previous fiscal year. The contribution from donors (external financing) for the period under review stood at UGX 1,283.17 billion representing 31.5% of the sector budget.

The health sector's approved budget for FY 2024/25 is UGX 4.07 trillion, constituting 5.6% of the national budget, down from 7.7% the previous year). The GoU financing is primarily allocated to wages (31%) and non-wage recurrent expenses (32%), with only 5% earmarked for development expenditures, indicating ongoing underinvestment in infrastructure and capital projects.

Budget absorption improved to 86.2% from 82% in FY 2023/24, with budget releases at 97.2%. Notable performances were recorded by National Medical Stores (100%), Local Governments (97.7%), and Regional Referral Hospitals (95.8%). However, the Ministry of Health lagged with 63.1% absorption due to procurement delays and lengthy donor procedures.

Externally funded projects contributed 31.5% to sector financing, but average fund absorption was only 60%, with the Global Fund at 56% and Gavi at 33%, indicating underperformance due to issues like procurement bottlenecks and delayed disbursements. However, projects like the Karamoja Infrastructure Development Project- Phase II (97%) and UCREPP (84%) showed effective fund utilization and execution.

Overall, FY 2024/25 showed improved domestic resource mobilization and financial efficiency yet challenges in externally funded projects and limited development absorption could hinder infrastructure expansion and service delivery. Focus on strengthening public financial management, donor coordination, and procurement efficiency is essential for sustainable health sector financing.

Performance of Local Governments

The national average score for local government league tables rose from 73.6% in FY 2023/2024 to 76.9% in FY 2024/2025, with 50% of local governments exceeding the national average of 75.4%. Top performers were Kiruhura DLG, Bundibugyo DLG, Mbale DLG, Lira City, and Amolatar DLG, while the lowest performers included Arua, Soroti, Butebo, Hoima, and Bukomansimbi. Regional performance ratings showed Lango at 64%, Bugisu at 63.4%, and Acholi at 63.9%, with South Buganda (54.7%), North Buganda (58.9%), and Bunyoro (53.5%) being the lowest performers.

Performance of Health Facilities

National, Regional, General Hospitals and Health Centres

Health facilities' performance is evaluated using Ambulatory Patient Groups (APGs) for outpatient services and Diagnosis Related Groups (DRGs) for inpatient services, alongside indicators of quality and efficiency. The increase in services from health centres indicates that the population is increasingly using primary health care (PHC) facilities as their first point of care. For example, there is a 10% reduction in utilisation of the National Referral Hospital (NRH) suggesting greater utilization of lower-level facilities in the Kampala metropolitan area. Public facilities accounted for 83% of outpatient services and 73% of inpatient services provided. However, the limited reporting by private-for-profit (PFP) facilities in the DHIS2 for outpatient services is an area of concern.

The average bed occupancy rate (BOR) for NRHs rose from 91% to 103%, with Butabika, Naguru, and Kawempe exceeding 100%, indicating a need for more infrastructure. The average length of stay (ALOS) remained unchanged at 6 days for National Referral and Specialized hospitals, while Butabika showed a notably high ALOS of 52 days which partly explains its high BOR. Conversely, MSWNH's BOR dropped from 29% to 27%, highlighting significant underutilization.

Specialized Health Facilities

During the Financial Year 2024/25, the Uganda Cancer Institute registered 8,372 new patients, with females representing 55% of cases, and the highest incidence in Q3 (2,228 patients), primarily due to cervical and breast cancers. The Uganda Heart Institute performed 201 paediatric cardiac surgeries and 123 adult cardiac surgeries, with closed-heart operations led by Pericardiectomy. Mulago Specialised Women and Neonatal Hospital reported extensive

referrals and services, exceeding targets in surgeries and ultrasound scans, while managing high-risk conditions. Butabika National Hospital noted 59,931 OPD visits, with a concerning 19% escapee rate among admissions and a bed occupancy rate of 224%. Kiruddu National Hospital conducted 19,729 dialysis sessions and is developing satellite sites to alleviate referral pressure. The specialized Burns and Plastic Unit admitted 1,046 inpatients. Mbale RRH achieved the highest performance score at 67%, followed by Mengo Hospital at 55%.

Public hospitals comprised six of the top ten performing hospitals, attributed to high-volume outputs, while employer-based PNFP hospitals also demonstrated strong performance. Nakasero Hospital, a private facility, ranked well due to its numerous specialized procedures. Private hospitals frequently appeared in the bottom rankings due to low volume outputs. Among Health Centre IVs, Kisenyi HC IV, Bujubuli HC IV, and Aboke HC IV were the highest ranked, recognized for their volumes of APGs and DRGs. Government HC IIIs yielded more DRGs and APGs; however, private HC IIIs and IIs made a significant contribution to DRG scores due to their diverse service offerings.

Performance of Community Health Services

During FY 2024/25, Uganda's Community Health Services program, as per the Ministry of Health's CHW Implementation Framework, focused on two key groups: Village Health Teams (VHTs) and Community Health Extension Workers (CHEWs). VHTs conducted 3.9 million child health assessments, a decline from prior years due to commodity stock-outs yet supported over 21,700 individuals with special needs.

The CHEW program expanded to 3,136 trained workers across 23 districts, with notable improvements in child nutrition and a 140% increase in facility-based deliveries. However, challenges such as funding disruptions and stock-outs threaten sustainability. Strengthening supply chains and financial mechanisms is crucial for consolidating advancements in Uganda's community health system and progressing towards Universal Health Coverage.

Integration of Health Services

Established the National Advisory Committee on Integration (NACI) with agreed terms of reference. A national task force for Service Delivery Integration was created, and stakeholder consultations were conducted.

As part of service delivery an Integrated Supportive Supervision tool was developed to assess facility readiness for integration. A first round of supervision visits was conducted from March to May with support from CDC, MoH, and the Clinton Health Access Initiative. Additionally, several health worker webinars were held, initially attracting 1,000 participants, to provide guidance on patient-centred care. The Integration Service Delivery Operational Guidelines were developed, and a baseline support supervision covering 65 facilities across all regions was conducted.

Health workforce initiatives included the development of integrated service delivery schedules by districts and facilities, support for validating health resources affected by the USG Stop Work Order, and plans to increase health sector staffing levels from 34% to 55% by 2030.

CHAPTER

1

INTRODUCTION

Minister of Health Dr Jane Ruth Aceng Ocero togther with members of the Uganda Cancer Institute Management Board

1.1 BACKGROUND

The Annual Health Sector Performance Report (AHSPR) for Financial Year (FY) 2024/25 has been compiled by the Ministry of Health (MoH) of the Republic of Uganda. It serves as an institutional monitoring and evaluation requirement, documenting the health sector's progress, achievements, challenges, and lessons learned. The report also proposes priorities for the health sector for the financial year 2026/27.

This report is the fifth AHSPR and the last within the Third National Development Plan (NDP III) period, providing detailed progress on health subprogram performance in the 6 Key Result Areas over the NDP III period. It includes performance assessments for as Regions, Local Governments (LGs), Specialised, National Referral Hospitals, Regional Referral Hospitals (RRHs), General Hospitals (GHs), and Health Center (HC) IVs, utilizing Ambulatory Patient Group (APG) and Diagnosis Related Groups (DRG). It also assesses the preparation of the community Health Services.

This report is crucial as it will form the basis for planning, programming, and budget allocation for FY 2026/27 and informs future decisions regarding the health sector priorities for the NDP IV period.

1.3 SECTOR STRATEGIC DIRECTION

The strategic direction of the health sector as per the National Health policy is summarized below:

Vision

The vision of Uganda's health sector is "A healthy and productive population that contributes to economic growth and national development".

Mission

Our Mission is "To provide high quality and accessible health services to all people in Uganda, including addressing broader determinants of health to attain socioeconomic development and prosperous life"

Goal

Our goal is "to achieve and sustain good health for all people living in Uganda by providing promotive, preventive, curative, palliative, and rehabilitative health services".

HCDP primarily contributes to the NDP III objective Four to: enhance the productivity and social wellbeing of the population. Nonetheless, the programme also contributes to objectives, one on enhancing value addition in Key Growth Opportunities and objective two on strengthening private sector capacity to drive growth and create jobs. The HCDP goal is to improve productivity for increased competitiveness and better quality of life for all. The health sector contributes mainly to Objective 4 of the HCDP which is to "Improve population health, safety and management". The outcomes to be achieved by the health sector include increased life expectancy; reduced neonatal, infant, under 5 and maternal mortality rates and reduced fertility rate.

1.4 HEALTH SUB-PROGRAMME PRIORITIES FOR THE FY 2024/25

1. The Key priorities for the Health Sub-programme in FY 2024/25 were:
2. Promotion and implementation of integrated high impact interventions for the prevention, control and elimination of communicable, Non-Communicable and Neglected Tropical Diseases and Injuries. The aim was to reduce high-burden diseases such as Malaria, HIV/AIDS, Tuberculosis (TB), Neglected Tropical Diseases, and Hepatitis, as well as epidemic-prone diseases and malnutrition across all age groups, emphasizing a Primary Health Care Approach and prevent and control of cancer, cardiovascular diseases and trauma.
3. Provision of high-quality sexual and reproductive health and rights services to achieve optimal health for adolescents, mothers, new-born and infants. The focus was improving maternal, adolescent, and child health services at all levels of care.
4. Promotion of nutrition education for communities on the benefits of

balanced diets, food preparation, and the importance of nutrition especially for children, pregnant women and the elderly (Geriatric care).

5. Strengthen the National Ambulance System, Emergency Care and referral system. The aim was on the development and implementation of a National Emergency Services (ES) Policy and Strategic Plan, as well as the provision of ambulances. The broader effort to "Improve the functionality of the health system to deliver quality and affordable preventive, promotive, curative and palliative health care services" also covers aspects of emergency care.
6. Establishment of strong Primary Health Care and Community Health Services; and implementation of the Community Health Strategy hinged on the Parish Development Model approach. The major aim was at establishing and operationalizing mechanisms for effective collaboration and partnership for UHC at all levels including specific focus on "Community Health Services".
7. Construction/rehabilitation of health infrastructure and provision of medical equipment to improve quality of care at all levels.
8. Strengthen the network of medical reference laboratories and rapid response mechanism including establishment of the East African Community Regional Centre of Excellence for Virology at the Uganda Virus Research Institute and National Public Health Institute in Uganda.
9. Increase availability of the skilled health workforce through training, implementation of the new structure, development of a mixed community health workforce, strengthening regulation and performance management.
10. Increase access to affordable and quality medicines focusing on establishment of a Pharmaceutical Industrial Park and strengthening the National Drug Authority regulatory framework.
11. Establishment of a National e-Health Infrastructure (digitization) to facilitate service delivery through Telemedicine, e-Health Management Information System, Community Health Information System, including tracking of medicines and health workers performance.
12. Expansion of health insurance coverage and social health protection through a mandatory National Health Insurance Scheme for all residents in Uganda.
13. Strengthen responsiveness of healthcare by reviewing/developing standards and guidelines, institutionalization of the Regional Supervisory Mechanism, and planning, management and support services.

1.5 DEMOGRAPHICS FOR FY 2024/25

The key demographic variables used to assess coverage for outcome indicators for the different age groups and interventions are shown in Table 1.

Table 1: Population for FY 2024/25

Demographic Variable	Proportion	Population
Total Population	**100.0%**	**45,905,417**
Male	48.6%	22,314,289
Female	51.4%	23,591,128
Children under 1 year	3.5%	1,591,993
Children under 5 years	14.8%	6,778,329

Demographic Variable	Proportion	Population
Children below 18 years	49.6%	22,750,701
Adolescents and youth (young people) (10 –19 years)	24.8%	11,404,639
Expected pregnancies	4.0%	1,827,180
Expected deliveries	3.7%	1,695,019
Women of reproductive age (15 - 49 years)	26.5%	12,181,200

UBOS mid-year population projection for 2024

1.6 PROCESS OF COMPILING THE REPORT

The process of compiling the AHSPR was participatory involving all departments and the Technical Working Groups (TWGs) composed of MoH, Development partners, Private Sector, Medical Bureaus and Civil Society Organizations (CSOs) representatives. MoH constituted the secretariat and held retreats for data synthesis and report writing with support from WHO. The final draft was presented to the Senior Management Committee (SMC) and the Health Policy Advisory Committee (HPAC) for endorsement and approval by MoH Top Management Committee.

The primary data source was the MoH Health Management Information System (HMIS), supplemented by other reports like the Uganda Housing and Population Census Report 2024 and the Malaria Indicator Survey.

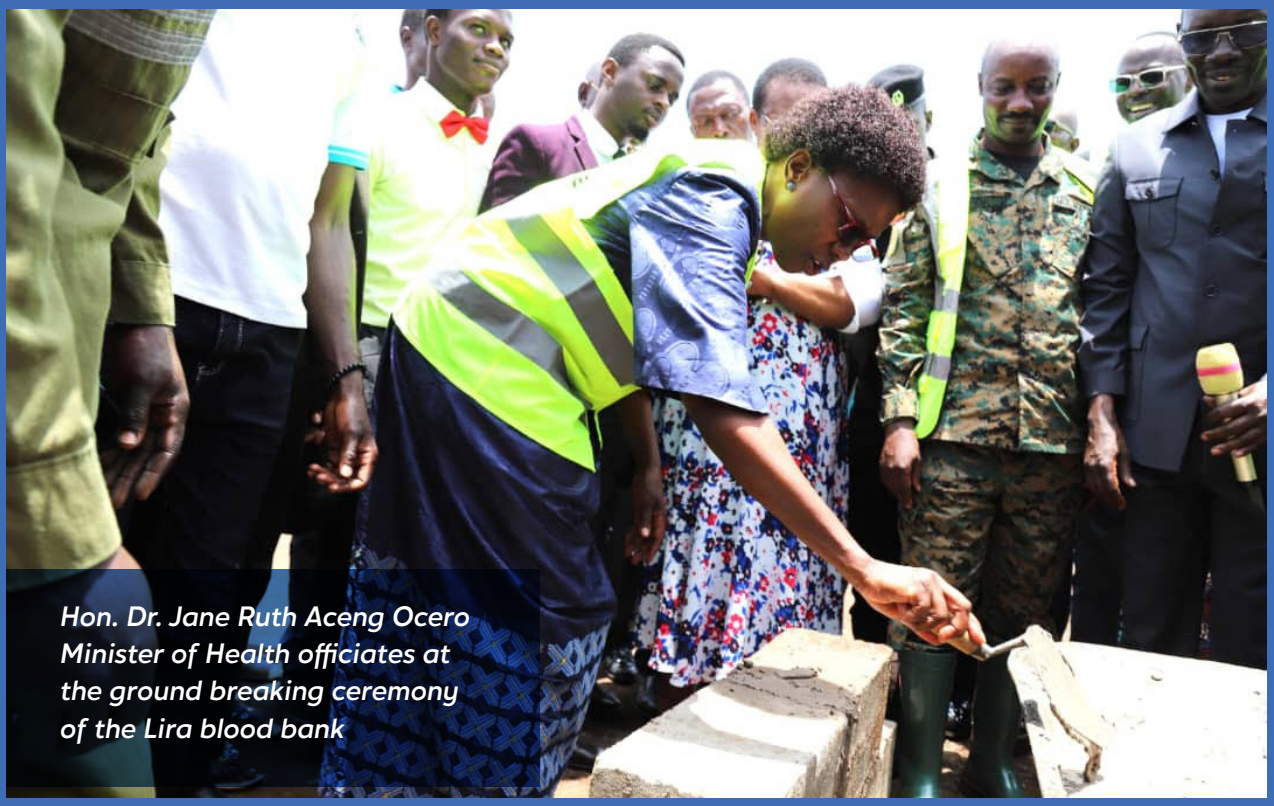
Other quantitative and qualitative data sources.

1. Uganda Demographic Health Survey, 2022
2. Integrated Financial Management Information System (IFMIS)
3. Quarterly Program Budgeting System Reports 2024/25
4. Annual Health Sector Performance Report 2023/24
5. Local Government Performance Assessment Report, 2024
6. Supervision Performance Assessment and Recognition Reports
7. Maternal and Perinatal Death Review Report 2024/25
8. World Health Statistics 2024
9. Uganda Housing and Population Census, 2024

CHAPTER

2

OVERALL SECTOR PERFORMANCE AND PROGRESS



Hon. Dr. Jane Ruth Aceng Ocero Minister of Health officiates at the ground breaking ceremony of the Lira blood bank

Chapter two provides an overview of the health sector's performance for FY 2024/25 covering analysis of the following:

2.1 PERFORMANCE AGAINST THE NDP III KEY RESULT AREAS (KRAS)

The health sector contributed directly to 6 KRAs under the NDP III. The assessment, as summarized in Table 2, was based on 30 indicators, of which the sector achieved targets for 16 (53.3%), made some progress in 1 (3.4%) and did not achieve 13 (43.3%).

Table 2: Summary of Performance against the NDP III key result areas in FY 2024/25

No.	Key Result Area	Achieved	Progress	Not Achieved	Indicators Not Assessed
1	Improved Skills Mix	2 (100%)	-	-	-
2	Reduced morbidity and mortality of the population	7 (50%)	-	7(50%)	1
3	Improvement in the social determinants of health and safety	5 (62.5%)	-	3 (37.5%)	-
4	Reduced fertility and dependence ratio	2 (66.7%)	1 (33.3%)	-	-
5	Universal Health Coverage	-	-	3 (100%)	
6	All key forms of inequalities reduced	-	-	1 (100%)	-
2024/25	**Score (n = 30)**	**16 (51.6%)**	**1 (3.2%)**	**14(45.2%)**	**1**
2023/24	**Score (n = 29)**	**14 (48.3%)**	**8 (27.6%)**	**7 (24.1%)**	3
2022/23	**Score (n = 31)**	**15 (48.3%)**	**6 (19.4%)**	**10 (32.3%)**	1
2021/22	**% score (n = 24)**	**12 (50%)**	**1 (4.2%)**	**11 (45.8%)**	9
2020/21	**% score (n = 24)**	**14 (58.3%)**	**4 (16.7%)**	**6 (25%)**	8

The 2 indicators which were not assessed were due to data unavailability. These include annual Cardiovascular incident cases, and Hepatitis B incidence per 100,000 population. The detailed performance for each indicator per KRA is shown in Table 7.

KRA 1: Improved Skills Mix

There was an increase in the available health workers per population evidenced by an increase from 9,388 to 10,433 doctors, and from 119,132 to 133,542 nurses and midwives registered with the respective Health Professional Councils. The annual target of number of health workers (doctors, midwives, nurses) per 10,000 population was met (target: 25, Actual: 31.3). However, we cannot determine the distribution of these health workers across the country. Staffing level in public health facilities was 34% based on the new human resource staffing norms.

KRA 2: Reduce Morbidity and Mortality of the Population

The sector achieved only 54% (7/13) of the assessed targets under this KRA including reducing the number of new HIV infections from 1.23/1000 to 0.79/1,000 population against a target of 2.3/1,000; Annual reported cancer cases through the routine health information system reduced from 34,008 below the target of 35,000; based on the 2022 UDHS the maternal mortality ratio was 189/100,000 while the 2024 census reported 207/100,000 against the target of 211/100,000.

According to the Global Health Statistics report, the mortality rate attributed to WASH has reduced by 40% from 54/100,000 in 2019/20 to 28.1/100,000 in 2025. The proportion of mortality due to communicable diseases (Malaria, AIDS and TB) has also progressively reduced to 16% in FY2024/25 compared to 40.5% in FY 2023/24 below the planned target of 30% for FY 2023/24.

However, under five illness attributed to diarrheal diseases increased from 7.6% in FY 2023/24 to 8.1% in FY2024/25. TB cases increased due to intensified case finding and community vigilance.

Through the target we, not met the Malaria incidence decreased from 280/1000 in FY 2023/24 to 260/1000 FY 2024/25 due to malaria prevention interventions such as IRS in West Nile and Bukedi regions, and seasonal malaria chemoprophylaxis in Karamoja sub-region.

KRA 3: Improvement in the Social Determinants of Health and Safety

During the period under review, 62.5% (5/8) of the targets for this KRA were achieved. Institutional mortality attributed to injuries reduced to 2.1% in FY2024/25 from 6.6% in FY2023/24. Stunting and wasting for under 5 targets were not met. Prevalence of obesity also remain high above the target for both women and men.

KRA 4: Reduced Fertility and Dependence Rate

The sector achieved targets for 66.7% (2/3) of the indicators under KRA4 and made some progress in 33.3% (1/3). The Total Fertility Rate (TFR) has declined from 5.2 (UDHS, 2022) to 4.5 (UBOS, Census Report 2024) achieving the NDP III target of 4.5 by 2024/25. The estimated number of total women using a modern method of contraception has grown to 4,290,000 users from 4,208,000 in the previous year.

The unmet need for Family planning reduced to 19.9% in FY2024/25 from 20.5% in 2023/24 against a target of 10%. The Unmet Need for Married Women continued to increase from 22% in 2023/24 to 27% in 2024/25. In FY 2024/25, the health sector recorded a decrease in Couple Years of Protection, declining to 4,096,513 from 4,403,935 in the previous year as shown in Figure 1.

Figure 1: Trends for Couple Years of Protection (CYP)

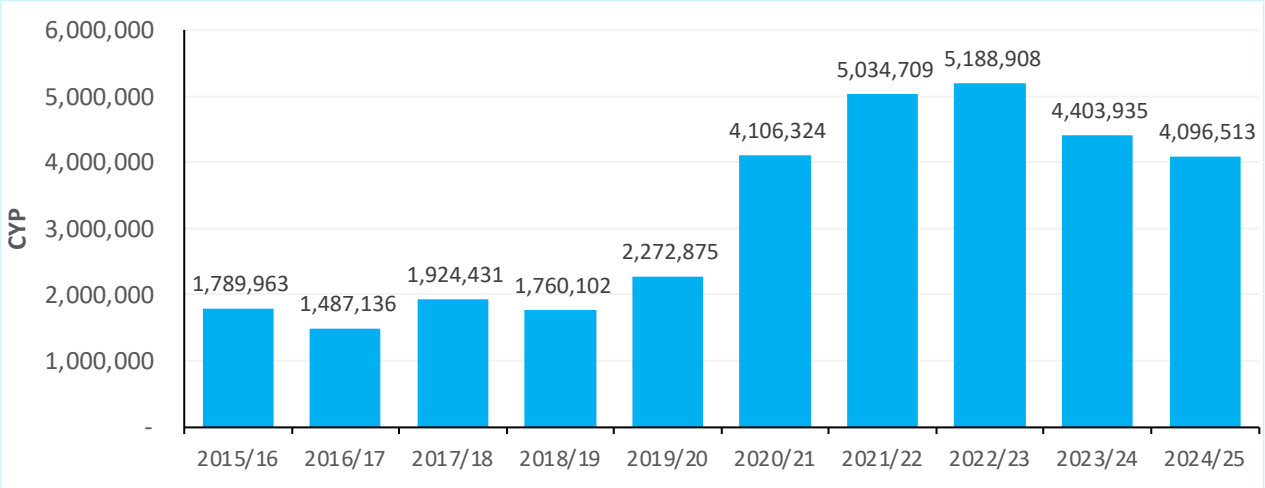
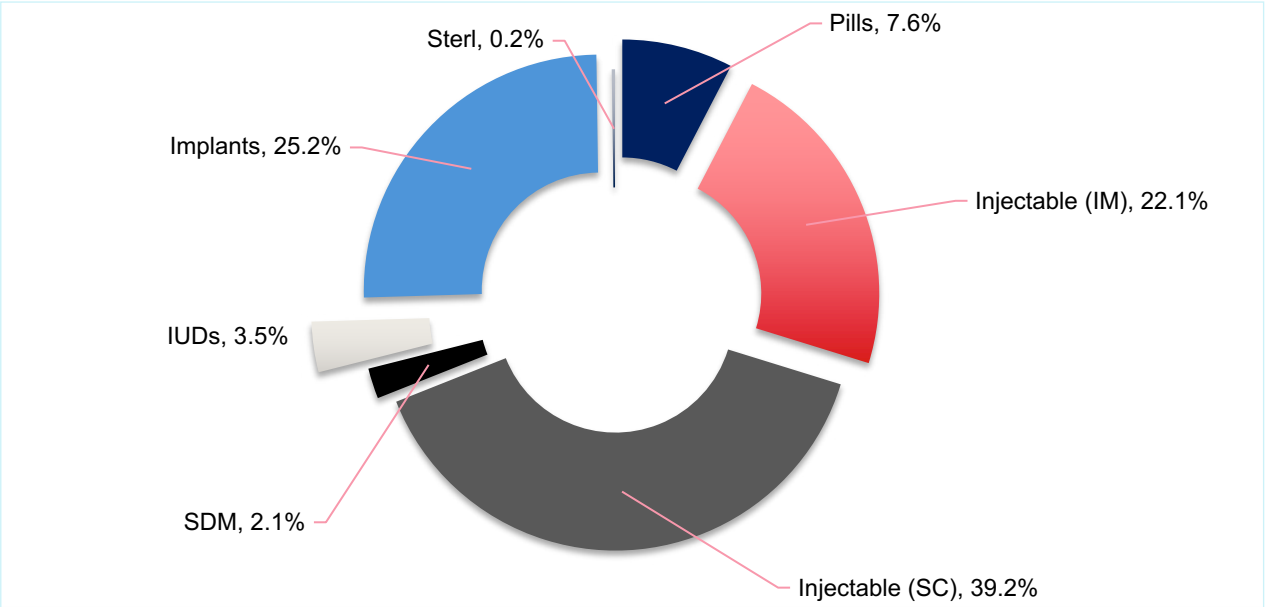


Figure 2 shows the family planning methods used in Uganda with most women using Injectable SC (39.2%), followed by Implants (25.2%), Injectable 1m (22.1%) and others.

Figure 2: FP Method Mix



KRA 5: Universal Health Coverage

Readiness capacity of health facilities to provide general services. The Health Facility Quality of Care Program (HFQAP) provides regular information on quality of care and the general functionality of both public and Private-Not-For-Profit (PNFP) health facilities and use it for Continuous Quality Improvement (CQI).

The was an improvement in the quality-of-service delivery (overall performance) of 11.8% between FY 2024/25 and 2020/21. However, a slight decline of 3% was observed between FY 2021/22 and 2022/23. Generally, there was progressive improvement across all the modules; as shown in Table 3. Leadership and Governance scores highest (76.5%) whole diagnostic services were the lowest (52.6%).

Table 3: Trends in the HFQAP Modular Scores

Modules	2020/21	2021/22	2022/23	2023/24	2024/25
Leadership &Governance	59.8	70.2	65.2	73.3	76.5
Human Resources	48	58.4	52.5	59.9	62.4
Health Financing	56.3	64	62.6	65.7	69.1
Health information	53.3	64	60.1	65.9	68.5
Medicines, vaccines management and procurement	56.9	65.3	60	65.7	69.9
Tracer medicines, vaccines, and health supplies	44.3	48.7	43.7	52.7	57
Tracer Equipment	53.3	58.7	57.2	60.2	61.3
Health Infrastructure	60.2	69.5	62.3	73.1	74.6
RMNCAH Services	59	69	68.5	69.3	69
Community-based care, clinical care, Referral and emergency services	59.4	64.6	68.3	71.8	73.1
Diagnostic services	51.8	53.9	56.1	46.3	52.6
Client-centered care & safety	56.4	67.7	61	67.5	69.2
Overall Score	**55.4**	**63.3**	**60.3**	**63.8**	**67.2**

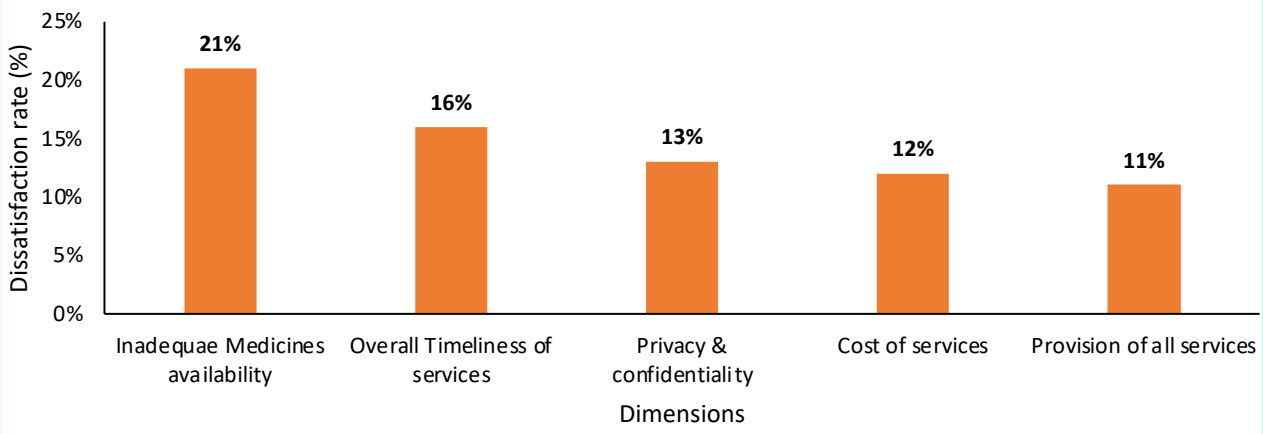
Routine Client Satisfaction Feedback Initiative (ROSAFI)

The Ministry of Health has a routine client feedback platform. It enables the Clients/ Patients to routinely provide feedback on their experience during service delivery. The system is accessed through the scanning of a QR-code. MoH, Hospitals, Local governments and Health Facilities then respond to the client's submissions by targeting interventions to ensure improved quality and safety of services. Figure 3 shows the levels of satisfaction with the system.

Client Satisfaction

The leading causes of dissatisfaction were inadequate medicines and supplies availability, overall timeliness of service provision (long waiting time), inappropriate privacy and confidentiality, high cost of services (where services were formally paid for) and not all services were available during the client's visit with inadequate medicines topping the list of the causes of client dissatisfaction (21%) and general service provision being the lowest (11%).

Figure 3: Main Causes of Client Dissatisfaction



Satisfaction by Region

The overall Client Satisfaction Rate (CSR) nationally was 63%, which was below the national target of 80%. Ankole had the highest CSR at 77% followed by Kigezi at 74% while Acholi had the lowest at 39%.

Table 4: Client Satisfaction rate by region

Region	Client Satisfaction Rate (%)	% of Facilities Implementing
Acholi	39%	30%
Ankole	77%	51%
Bugisu	61%	57%
Bukedi	58%	51%
Bunyoro	62%	62%
Busoga	59%	39%
Kampala	51%	12%
Karamoja	69%	73%
Kigezi	74%	43%
Lango	66%	62%
North Buganda	62%	34%
South Buganda	58%	26%
Teso	53%	61%
Tooro	63%	44%
West Nile	53%	20%
National	***63%***	***33%***

Satisfaction by level of care

The RoSAFI initiative has been implemented by all national and regional referral hospitals. This initiative has been rolled out to lower facilities as well. So far, Table 5, reveals that clients at lower-level facilities reported higher levels of satisfaction (68% in HC IIs and 69% in IIIs) with the services provided compared to higher level facilities (51% in NRH and 50% in RRHs).

Table 5: Client Satisfaction rate by level of care

Level of Care	Client Satisfaction Rate (%)	% of Facilities Implementing RoSAFI
Health Centre II	68%	27%
Health Centre III	69%	6%
Health Centre IV	59%	72%
General Hospitals	64%	63%
National Referral Hospitals (NRHs)	51%	100%
Regional Referral Hospitals (RRHs)	50%	100%

Satisfaction by Ownership

Clients receiving services from private health facilities reported higher satisfaction of 81% with the services provided compared to 61% with Government facilities. However, coverage of the client feedback system in private health facilities is still very low due to lack of an instrument to enforce implementation in the private sector.

Table 6: Client Satisfaction rate by facility ownership

Ownership	Client Satisfaction Rate (%)	% of Facilities Implementing
Government	61%	51%
Private health providers	81%	6%
Private Not for Profit	81%	37%

KRA 6: All Key Forms of Inequalities Reduced

There has been no movement on this indicator since the previous year. Therefore, the performance of KRA 6 is based on the most current Global Monitoring report for UHC 2023 (WHO & WB) gives Uganda a UHC index of 49%.

PERFORMANCE AGAINST THE 32 KEY RESULT AREAS

Performance against the 32 key result areas detailed in Table 7.

Table 7: Performance against the 32 key result areas showing trends for the last 4 FYs

KRA	Description	Baseline 2019/20 2020/21	Performance				2024/25		Remarks
			2021/22	2022/23	2023/24	Target	Perfor-mance		
KRA 1	**Improved Skills Mix**								
	1. Number of health workers (doctors, midwives, nurses) per 10,000 population	18	19	22.5	25.8	26.5	25	31.3	10,433 doctors, 133,542 nurses & midwives registered against a population of 45,955,046.
	2. Number of physicians per 10,000 population	1.0	1.2	1.8	2	2.1	2.3	2.3	(10,433/45,955,046) More physicians have been trained and registered.
KRA 2	**Reduced Morbidity and Mortality of the population**								
	Morbidity								
	3. Number of new HIV infections per 1,000 susceptible population	1.3	1.72	1.3	1.21	1.23	2.00	0.79	Achieved Source: Spectrum estimates-2024 for All ages years
	4. Tuberculosis incidence per 100,000 population	234	192	199	199	198	77	198	The reported TB incidence is because of intensified case findings, including identification of previously missed cases, alongside enhanced community outreach, awareness, screening, and testing efforts resulting from targeted program interventions.
	5. Malaria incidence per 1,000 population	293	302	317	375	298	147	261	Although the target was not met, there was a reduction in malaria incidence in FY 2024/2025 compared to the previous year FY 2023/24. The reduction is mainly attributable to the impact of the 2023 mass ITN campaign and IRS in the targeted districts. Notably, the West Nile and Bukedi regions, which received both IRS and LLINs in 2023, had the highest reduction in malaria cases in 2024.

KRA	Description	Baseline 2019/20 2020/21	Performance				2024/25		Remarks
			2021/22	2022/23	2023/24	Target	Perfor-mance		
	6. Hepatitis B incidence per 100,000 population	60	No data	26.5	33.4	No data	70	65	Uganda Hepatitis B prevalence stands at 4.1%
	7. Annual Cancer Incident Cases	80,000	No data	No data	No data	35,968	35,000	34,008	Uganda Cancer Statistics –Based on Globocan Age-standardized cancer incidence data 2022, published in 2024
	8. Annual Cardiovascular Incident cases	NA	No data	No data	2,539	No data	3,500	No data	No reliable data source. Data source in HMIS was not capturing this information. However, this has been modified to include this data starting FY 2025/26.
	9. Incidence of Road accidents per 100,000 population	2,348	No data	338	341	357	1,200	341	AHSPR of previous years shows incidence rate of road traffic injuries going up with a reduction seen in 2024/25.
	10. Under 5 illnesses attributed to diarrheal dis-eases (%)	6.9	7.9	7.7	7.1	7.6	3.0	8.1	The high number of diarrhea cases reported may be attributed to viral diarrhea and fever-related diarrhea as there has been improvement in WASH practices
	Mortality								
	11. Maternal Mortality ratio (per 100,000 live births)	336	No data	No data	189	189	211	189	Achieved target due to targeted investments in increasing access to maternal and child services by upgrading / construction of HC IIIs, RBF for PHC and strengthened MPDSR & action.
	12. Neonatal Mortality Rate (per 1,000 live births)	27	20	No data	22	22	19	22	Largely due to premature births and sepsis
	13. Under Five Mortality Rate (per 1,000 live births)	64	46	No data	52	52	30	52	Major challenge is still high neonatal mortality
	14. Hypertension rate (%)	24.3				23.5	2.5	23.5	Increase recorded due to improved data collection through the STEPS survey
	Male				23.4		23.4		
	Female				23.5		23.5		

KRA	Description		Baseline 2019/20 2020/21	Performance				2024/25		Remarks
				2021/22	2022/23	2023/24	Target	Perfor-mance		
	15. Diabetes rate (%)		1.8				3.3	2%	2.7%	
	Male					2.6		2.6		
	Female					3.9		3.9		
	16. Reduce proportion of mortality due to communicable diseases (Malaria, AIDS and TB) from 60 in 2017 to 30 by 2025)	Malaria, AIDS and TB	60	43	53	50.8	40.4	30	16	
		Malaria		7.5	6.5	7	5.7		5	A total of 2,294 malaria deaths were registered at health facilities with Busoga, Bunyoro and North Buganda sub regions reporting the highest number of malaria deaths
		AIDS		39.2	35.8	39.1	26.0		7	According to Spectrum, 20,000 PLHIV are estimated to have died by the end of 2024. In the Reporting period July 2024 to June 202 (DHIS2) 2,518 PLHIV on ART within clinical contact died accounting to 6.5% (32,518/39,029
		TB		9.5	5.2	18	8.7		4	Mortality due to TB has consistently decreased and is now below the national target of 5%, owing to the positive impact of ongoing efforts in patient monitoring and the integration of TB activities within community-based interventions i.e early case finding, the implementation of Digital Adherence Technologies, Mortality audits for Hospitals reporting High TB deaths, and the Treatment Success Rate Package to improve access to TB treatment.
	17. Mortality rate is attributed to unsafe water, unsafe sanitation, and lack of hygiene (per 100,000)		54	No data	No data	28.1	28.1	43	28.1	Based on World Health Statistics Report 2024

KRA	Description		Baseline 2019/20 2020/21	Performance				2024/25		Remarks
				2021/22	2022/23	2023/24	Target	Perfor-mance		
KRA 3:	**Improvement in the social determinants of health and safety**									
	18. Prevalence of teenage pregnancy (15 – 19 years) (%)		25	No data	No data	24	24	15	24	UDHS 2022
	19. Stunting U5 (%)	Children U5	29	25	25	25	26	19	25	Stunting highest in Karamoja 19.7%, Toro 14.4%, Kigezi 12.4% and lowest in Teso 3%, Acholi 5.5.
		Male		*30.8*	30.8		22.9		22.9	
		Female		*20.2*	20.2		29.2		29.2	
	20. Wasting U5 (%)	Wasting U5	4	3.2	3.2	2.9	2.9	1.8	2.9	
		Urban		*4.3*	*4.3*		2.1		2.1	
		Rural		*2.8*	*2.8*		3.2		3.2	
	21. Mortality attributed to Injuries (%)		13	11	16	5 (2,399 / 53,222)	6.6 (3,174 / 48,315)	8	2.1	Based on health facility records only. There is need to complement police data with MoH data to get a more accurate count of road traffic deaths. We shall also need to separate road crash data from other injuries data
	22. Prevalence of obesity (BMI ≥, 30 kg/m^2 (%)	Women	7.5				12.3	12	30.7%	Screening services, counseling services have been strengthened and SBCC)
		Men	1.8				6.2	4.5	16.9%	
		Children U5	NA	3.1	3.1	3.4	2.8	3.7	2.8	UDHS 2022
	23. Alcohol abuse rate (%)		3.4				4.4	4.8	4.4%	STEPS 2023.
	24. Improved sanitation coverage (toilet) (%)		19	24.5	24.5	44	44	45	44	Source NSDS Report 2021 & Census Report 2024
	25. Improved handwashing facility (%)		34	44.7	44.7	49.5	47	50	47	Census Report 2024

KRA	Description		Baseline 2019/20 2020/21	Performance				2024/25		Remarks
				2021/22	2022/23	2023/24	Target	Perfor-mance		
KRA 4	**Reduced fertility and dependence ratio**									
	26. Total Fertility Rate		5.4	No data	No data	5.2	5.2	4.5	4.5	Census 2024
	27. Adolescent fertility rate (Birth rate per 1,000 adoles-cent women)	15 – 19 years	132/1,000	111/1,000	108/1,000	106 /1,000	61 /1,000	125	61.2 |1,000	There has been a reduction in Adolescent Birth Rate in the last 4 years. This can be among others, the increasing government educational and skilling programs targeting the youth and young people.
		10 – 14 years	2/1,000	No data	No data	No data	1/ 1,000		0.4| 1,000	
	28. Unmet need for Family Planning		28	31	22.7	22	20.5	10	19.9	Overall, there has been a reduction in unmet for family planning among All Women, though sort of the annual target. This reduction is attributed to among others increased reach and access to family planning services, and the continuing government allocation of funding towards procuring family planning commodities in 2024/25 hence improv-ing on commodities availability.
KRA 5	**Universal Health Coverage**									
	29. Proportion of the popula-tion accessing health insur-ance (%)	All	5.1	3.9	3.9	2.1	1.1	25	1.1	No major variation between males (1.1%) and females (1%)
		Urban		*6.4*	*6.4*	No data	No data		No data	
		Rural		*2*	*2*	No data	No data		No data	
	30. Out of pocket health expenditure (financial pro-tection for ill health)		42	41	37.1	27.4	27.4	20.0	27.4	
	31. Readiness capacity of health facilities to provide general services		52	58	58	59	65.2	80	59	HHFA (SARA) survey report
KRA 6	**All key forms of inequalities reduced**									
	32. Proportion of the population accessing Universal health care, (UHC Index),		45	No data	No data	49	49	58	49	Based on Global Monitoring report for UHC 2023.

2.2 DISEASE BURDEN

Table 8: Health Facilities by level and ownership in FY 2024/25

FACILITY LEVEL	GOV		PNFP		PHP		Total	
	Number	%	Number	%	Number	%	Number	%
NRH/ Specialized	8	0	0	0	0	0	8	0.1%
RRH	16	0	0	0	0	0	16	0.2%
General Hospital	57	2	80	8	66	3	203	3.0%
HC IV	206	6	42	4	34	2	282	4.2%
HC III	1,464	42	361	37	259	12	2,084	31.3%
HC II	1,737	50	448	46	1,459	67	3,644	54.7%
Clinic	0	0	51	5	374	17	426	6.4%
Overall	**3,488**	**52%**	**982**	**15%**	**2,192**	**33%**	**6,663**	**100.0%**

Table 8 shows a total of 6,663 health facilities in the National Master Health Facility register by the end of FY 2024/25 with 52% of them being owned by government, 15% by Private Not-For Profit (PNFP), and 33% by Private Health Providers (PHPs).

2.2.1 Outpatients Department (OPD) Attendances

There was an increase in the total OPD attendances (new and revisits) by 6.9% to 48,818,343 attendances compared to 45,427,970 in FY 2023/24, giving a per capita OPD attendance of 1.1 compared to 0.96 in FY 2023/24 as shown in Table 9. OPD attendances for children under 5 years accounted for 17.9% (Males 8.7% & Females 9.2%) of all attendances whereas females above 5 years accounted for 53.0% of all the OPD attendances. Overall, there was an 11.5% increase in the number of under 5 OPD attendances from 7,747,714 in 2023/24 to 8,751,665 in 2024/25. Patients of 5 years and above accounted for 82.1% of all the OPD visits.

Table 9: Trends in OPD attendances by age group

FY		Under 5 years			5 Above years			Total
		Male	Female	Total	Male	Female	Total	
2024/25	N	4,240,764	4,510,901	8,751,665	14,189,305	25,862,428	40,051,733	48,803,398
	%	8.7%	9.2%	17.9%	29.1%	53.0%	82.1%	**100%**
2023/24	N	3,740,177	4,007,537	7,747,714	13,798,873	23,881,383	37,680,256	**45,427,970**
	%	8.2%	8.8%	17.1%	30.4%	52.6%	82.9%	**100%**
2022/23	N	4,180,589	4,542,814	8,723,403	13,990,786	23,546,929	37,537,715	**46,261,118**
	%	9.0%	9.8%	18.9%	30.2%	50.9%	81.1%	**100%**
2021/22	N	4,317,149	4,676,584	8,993,733	13,091,981	22,492,116	35,584,097	**44,577,830**
	%	9.7%	10.5%	20.2%	29.4%	50.5%	79.8%	**100%**
2020/21	N	4,463,504	4,841,826	9,305,330	13,930,724	23,841,714	37,772,438	**46,723,443**
	%	9.5%	10.4%	19.9%	29.8%	51.0%	80.8%	**100%**

Source DHIS2

Table 10: Total OPD attendances by Health Facility Level and Ownership in FY 2024/25

Facility Level	Government		PNFP		PHP		Total	
	Number	%	Number	%	Number	%	Number	%
National Referral Hospitals	860,554	2.3	-	-	-	-	860,554	1.8
Regional Referral Hospitals	1,888,784	5.0	-	-	-	-	1,888,784	3.8
General Hospitals	2,934,122	7.8	2,141,898	35.2	1,273,746	25.1	6,349,766	13.0
Health Centre IVs	5,106,331	13.6	280,303	4.9	398,292	7.8	5,784,926	11.9
Health Centre IIIs	17,767,146	47.2	1,870,595	30.3	605,255	12.0	20,242,996	41.4
Health Centre IIs/ Clinics	9,083,603	24.2	1,810,722	29.6	2,782,047	55.1	13,676,372	28.0
TOTAL	**37,640,540**	**100**	**6,103,518**	**100**	**5,059,340**	**100**	**48,803,398**	**100**

Table 10 reveals a total of 37,640,540 (77.1%) patients attended OPD services from the government health facilities, 6,103,518 (12.5%) from PNFPs and 5,059,340 (10.4%) from PHPs.

Table 11: Trends in OPD attendances by Health Facility Level

	FY 2021/22			FY 2022/23			FY 2023/24			FY 2024/25			
Level	No. of health facilities reporting	% OPD Attendances	Average OPD Attendances	No. of health facilities reporting	% OPD Attendances	Average OPD Attendances	No. of health facilities reporting	% OPD Attendances	Average OPD Attendances	No. of health facilities reporting	No. of OPD Attendances	% OPD Attendances	Average OPD Attendances
NRH	5	0.5%	45,280	5	0.5%	45,307	8	1.5%	87,693	8	860,554	1.8%	107,569
RRH	16	3.6%	99,451	16	3.4%	91,759	16	3.5%	94,223	16	1,888,784	3.9%	118,049
GH	190	11.5%	26,796	183	12.6%	29,140	189	13.1%	31,529	202	6,349,766	13.0%	31,434
HC IV	240	9.8%	18,070	245	11.3%	20,145	262	11.5%	19,951	277	5,784,926	11.9%	20,884
HC III	1,635	37.8%	10,265	1,879	40.2%	9,252	2,040	40.5%	9,022	2083	20,242,996	41.5%	9,718
HC II	3,413	33.8%	4,396	3,303	29.0%	2,803	3612	26.7%	3,357	3635	12,125,315	24.8%	3,336
Clinic	437	3.1%	3,193	394	3.0%	2,236	418	3.1%	3,369	421	1,408,267	2.9%	3,345
Total	**5,936**	**100%**	**7,485**	**6,025**	**5,849**	**100%**	**6,546**	**100.0%**	**6,940**	**6642**	**48,803,398**	**100.0%**	**7,348**

As indicated in Table 11, 66% of patients seek services in HC III and HC II, which are in line with the national referral system. There was a slight reduction in the patients' seeking services from HC IIs which is largely due to the continuous upgrading of HC IIs to HC IIIs.

2.2.2 Common Conditions in OPD Attendances

Table 12: Top 20 Disease Conditions among OPD attendances

S/N	Condition	Under 5 Yrs			Above 5 Yrs			Overall Total	Percent
		Male	Female	Total	Male	Female	Total		
1	Malaria	1,034,587	1,126,060	2,160,647	3,019,696	5,108,192	8,127,888	10,429,510	26.1
2	Cough Or Cold (No Pneumonia)	1,209,968	1,325,561	2,535,529	2,788,077	4,728,782	7,516,859	10,052,388	25.2
3	Urinary Tract Infections (UTI)	30,115	41,425	71,540	660,640	1,923,147	2,583,787	2,655,327	6.7
4	Gastro-Intestinal Disorders (Non-Infective)	69,876	77,163	147,039	674,789	1,570,218	2,245,007	2,392,046	6.0
5	Intestinal Worms	126,325	152,241	278,566	407,346	747,095	1,154,441	1,433,007	3.6
6	Skin Diseases	193,148	208,485	401,633	404,615	553,003	957,618	1,359,251	3.4
7	Diarrhea - Acute	337,902	341,774	679,676	243,141	399,809	642,950	1,322,626	3.3
8	Hypertension	-	-	-	321,824	770,217	1,092,041	1,092,041	2.7
9	Pneumonia	238,837	247,409	486,246	195,809	299,853	495,662	981,908	2.5
10	Pelvic Inflammatory Disease (Pid)	-	1,854	1,854		570,327	570,329	572,181	1.4
11	Tonsillitis	38,379	26,466	64,845	152,114	257,164	409,278	474,123	1.2
12	Allergic Conjunctivitis	39,286	40,200	79,486	151,476	234,917	386,393	465,879	1.2
13	Dental Caries	7,640	9,325	16,965	182,185	262,417	444,602	461,567	1.2
14	Bacterial Conjunctivitis	70,158	74,869	145,027	113,551	173,035	286,586	431,613	1.1
15	Epilepsy	9,122	7,727	16,849	134,981	148,089	283,070	299,919	0.8
16	Otitis Media Acute and Chronic	36,470	39,068	75,538	68,305	96,145	164,450	239,988	0.6
17	Rhinitis	22,074	23,338	45,412	64,895	88,664	153,559	198,971	0.5
18	Soft Tissue Injuries	6,195	5,313	11,508	91,826	74,515	166,341	177,849	0.4
19	Typhoid Fever	3,286	3,885	7,171	64,114	106,562	170,676	177,847	0.4
20	Urethral Discharges				72,017	71,109	143,126	143,126	0.4

**All other disease conditions constitute 11.3%*

Malaria remains the leading condition accounting for 26.1% of all OPD conditions. This is a reduction from 29.4% in FY 2023/24.

Cough or cold (No Pneumonia) follows at 25.2%, Urinary tract infection at 6.7% and Gastro-intestinal disorders at 6.0% as shown in Table 12.

Table 13 shows that cough or cold (No pneumonia) increased by 27% between FY 2023/24 and FY 2024/25. Urinary tract infections increased by 0.9% in the same period. A 14.1% reduction in the number of malaria cases was observed in FY 2024/25 as compared to the previous FY 2023/24 while skin diseases reduced by 41% in the same period.

Table 13: Trends in the leading OPD Conditions

FY	FY 2020/21	FY 2021/22	FY 2022/23	% change	FY 2023/24	% change	FY 2024/25	% change
Malaria	13,604,703	14,295,199	14,381,183	0.60%	12,147,796	-16%	10,429,510	-14.1%
Cough or cold	9,113,103	9,113,485	9,347,156	2.56%	8,621,417	-8%	10,904,773	26.5%
Urinary Tract Infections	2,143,089	2,083,578	2,102,008	0.88%	2,358,378	12%	2,379,691	0.9%
Skin Diseases	1,507,755	1,196,614	1,181,354	-1.28%	2,281,273	93%	1,347,522	-40.9%
Gastro-Intestinal Disorders	1,952,200	1,796,554	1,819,954	1.30%	1,957,855	8%	2,371,874	21.1%

FY	FY 2020/21	FY 2021/22	FY 2022/23	% change	FY 2023/24	% change	FY 2024/25	% change
Intestinal Worms	1,673,886	1,388,914	1,224,676	-11.82%	1,249,434	2%	1,420,606	13.7%
Diarrhea – Acute	1,509,895	1,170,469	1,088,847	-6.97%	1,063,049	-2%	1,308,472	23.1%
Injuries (All causes)	508,245	629,718	574,186	-0.70%	843,653	47%	651,561	-22.8%
Hypertension	705,380	717,045	926,235	29.17%	839,087	-9%	1,078,957	28.6%
Pneumonia	912,264	982,509	871,363	-11.31%	823,771	-5%	973,084	18.1%

2.2.2.1 Malaria

Through the Malaria reduction and elimination strategic plan, the country deployed interventions to reduce the burden of malaria and progress has been observed. In FY 20245/25, the number of confirmed malaria cases was 11,997,339 (including cases from the community) with an incidence of 261 cases per 1,000 persons contributing 22 percent to OPD attendance. Malaria test positivity was 35%.

Table 14: Malaria Incidence by Region in FY 2024/25

Region	Suspected Malaria (fever)	Total Tests (B/s & RDT)	Test Positivity Rate	Total malaria cases (HF+Com.)	Confirmed malaria cases (HF+Comm)	Malaria incidence (per 1,000 persons)	% OPD attendance due to malaria
Lango	1,721,580	1,772,602	50%	1,270,703	1,252,669	488	40%
Teso	2,058,561	2,119,038	47%	1,281,657	1,265,711	514	39%
Acholi	2,306,978	2,223,967	51%	1,507,572	1,482,344	724	38%
Busoga	3,386,303	3,536,584	45%	1,717,555	1,665,600	381	34%
Karamoja	1,067,601	984,946	39%	586,031	571,598	305	30%
Bunyoro	1,243,595	1,299,845	44%	658,603	638,551	229	29%
Bukedi	1,759,656	1,743,817	33%	746,528	724,831	305	23%
North Buganda	2,461,017	2,513,704	36%	1,174,086	1,072,230	223	21%
Bugisu	1,106,189	1,147,644	33%	443,837	408,619	184	20%
West Nile	2,351,967	2,426,012	25%	1,065,010	995,985	255	19%
Tooro	1,559,417	1,684,493	30%	569,467	569,467	169	17%
South Buganda	1,879,415	2,085,629	25%	812,047	703,432	111	13%
Ankole	1,318,499	1,412,516	26%	451,579	436,440	121	11%
Kampala	674,943	1,027,710	12%	139,006	139,006	96	3%
Kigezi	476,787	501,946	13%	74,394	70,856	40	3%
National	**25,372,508**	**26,480,453**	**36%**	**12,498,075**	**11,997,339**	**261**	**22%**

The country experienced a reduction in malaria incidence in FY 2024/2025 compared to the preceding year. It reduced from 280 per 1,000 persons for the FY 2023/24 to 261 cases in FY 2024/25. This reduction was primarily due to the reduction in the incidence of malaria in West Nile where it reduced from 468 to 255 per 1,000 persons attributed to indoor residual spraying in the region. Details in Table 14.

Figure 4 and Figure 5 reveal that on average, for FY 2024/25, malaria incidence was 261 cases per 1,000 persons. It was highest in Acholi region (724) followed by Teso (514), Lango (488) and Busoga (381). Regions that recorded the lowest malaria incidence were Kigezi (40) and Kampala (96).

Figure 4: Regional Variation in the Incidence of Malaria in the Last Two Financial Years

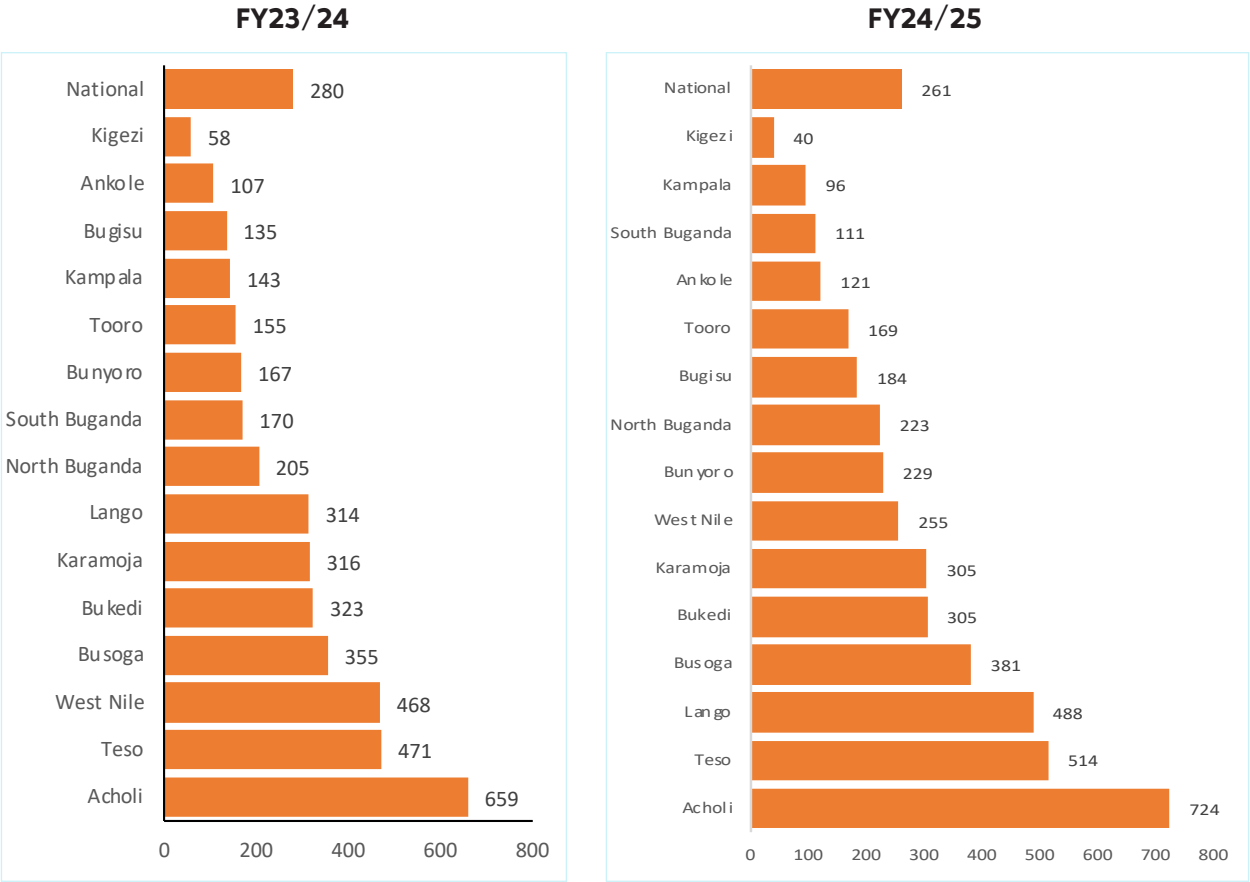
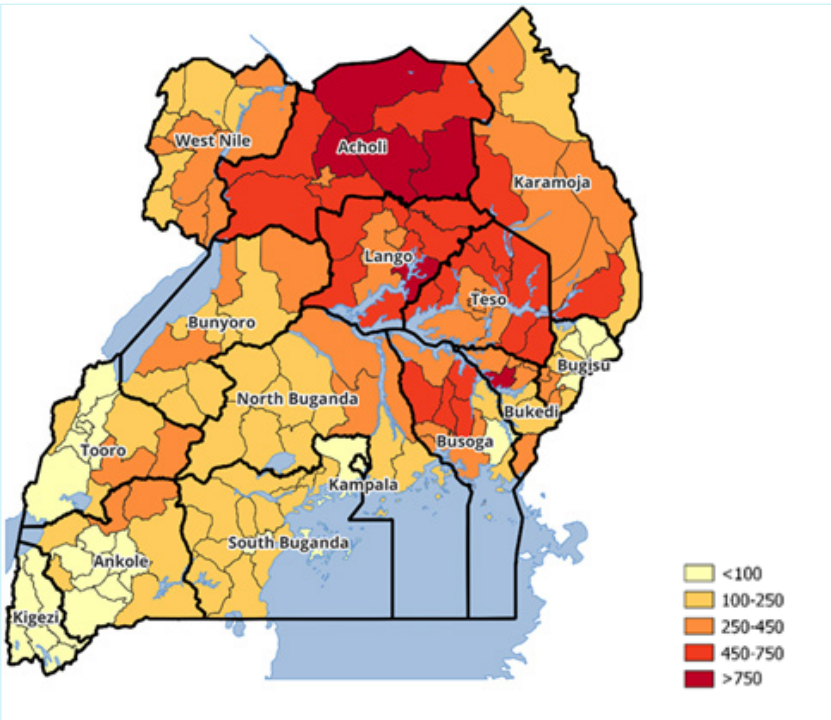


Figure 5: Incidence of Malaria by LG in FY2024/25



2.2.3 Injuries among OPD Attendances

Table 15 shows that during FY 2024/25, a total of 644,411 OPD attendances due to all types of injuries were reported accounting 23.6% (199,242 cases) decrease compared to 843,653 in FY 2023/24. Trauma due to other causes accounted for 57.6% of all injuries, followed road traffic injuries (RTIs) at 17.1%, and injuries due to Gender based violence at 11%. Among RTIs, motorcycles were the leading cause, contributing 56%, followed by other RTIs at 21.4%, motor vehicles at 17.2% and bicycles at 5.4. Injuries due to Gender-Based Violence (GBV) increased by 10% from 65,269 in FY 2022/23 to 71,841 cases in FY 2024/25 across all age groups.

Table 15: Causes of Injuries among OPD attendances in FY 2024/25

Type of Injury	Under 5 years		Total < 5 years	Above 5 years		Total > 5 years	Overall Total	%
	Male	Female		Male	Female			
Road Traffic Injuries - Motor Vehicle	625	542	1,167	14,987	10,539	25,526	26,693	4.1%
Road Traffic Injuries - Motor Cycle	1,831	2,144	3,975	52,193	30,872	83,065	87,040	13.5%
Road Traffic Injuries - Bicycles	343	366	709	4,910	2,763	7,673	8,382	1.3%
Road Traffic Injuries - Others	1,429	1,462	2,891	17,036	13,395	30,431	33,322	5.2%
Injuries due to GBV	468	563	1,031	22,135	48,675	70,810	71,841	11.1%
Animal bites - Domestic	1,161	941	2,102	11,606	10,281	21,887	23,989	3.7%
Animal bites - Wild	69	40	109	870	794	1,664	1,773	0.3%
Snake bites	402	227	629	4,127	5,097	9,224	9,853	1.5%
Insect bites	833	690	1,523	4,376	4,679	9,055	10,578	1.6%
Injuries (Trauma due to other causes)	14,629	14,465	29,094	163,154	178,692	341,846	370,940	57.6%
Total	**21,790**	**21,440**	**43,230**	**295,394**	**305,787**	**601,181**	**644,411**	**100.0%**

Table 16 reveals that the site of injuries amongst OPD attendances in FY2024/25 was mainly on soft tissue (27.3%), chest trauma (6.8%) and burn injuries (3.7%).

Table 16: Sites of Injuries among OPD attendances in FY 2024/25

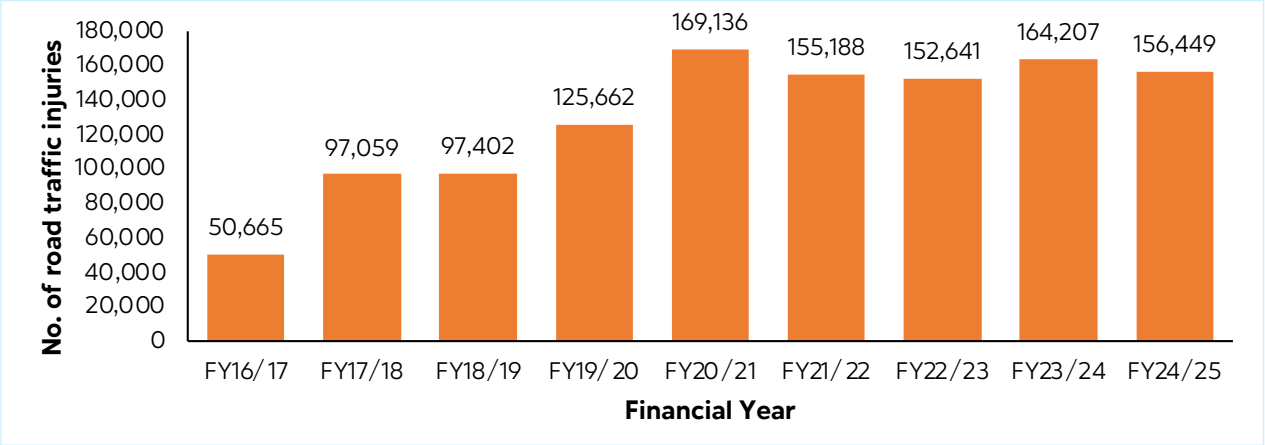
Type of Injury	Under 5 years		Total < 5 years	Above 5 years		Total > 5 years	Overall Total	%
	Male	Female		Male	Female			
Soft tissue injuries	6,152	5,248	11,400	90,976	73,811	164,787	176,187	27.3%
Chest trauma/Injury	234	320	554	20,872	22,359	43,231	43,785	6.8%
Ocular trauma and Burns	487	522	1,009	5,795	4,397	10,192	11,201	1.7%
Burn injuries	4,830	4,587	9,417	6,684	8,018	14,702	24,119	3.7%
Jaw injuries	212	118	330	3,126	2,690	5,816	6,146	1.0%
Other sites	9,875	10,645	20,520	167,941	194,512	362,453	382,973	59.4%
Total	**21,790**	**21,440**	**43,230**	**295,394**	**305,787**	**601,181**	**644,411**	**100.0%**

The number of road traffic injuries (RTIs) reported at health facilities decreased by 4.7% from 164,207 cases in FY 2023/24 to 156,449 cases in FY 2024/25. This corresponds to an incidence of 340.6 per 100,000 population in FY 2024/25 compared to 357 per 100,000 population in FY 2023/24.

The community ambulance response accounted for 13.4% of all cases, of which 12.8% (1,521 cases) were trauma related to road traffic incidents, while 71 cases (0.6%) were attributed to mass casualty incidents.

Details on Figure 6, Figure 7 and Table 17.

Figure 6: Trend in RTIS seen at Health Facilities



RTIs managed at Health Facilities are more common in the urbanized areas of Kampala, South-Central and Busoga regions.

Figure 7: Regional Variations of RTIS rates per 100,000 Population

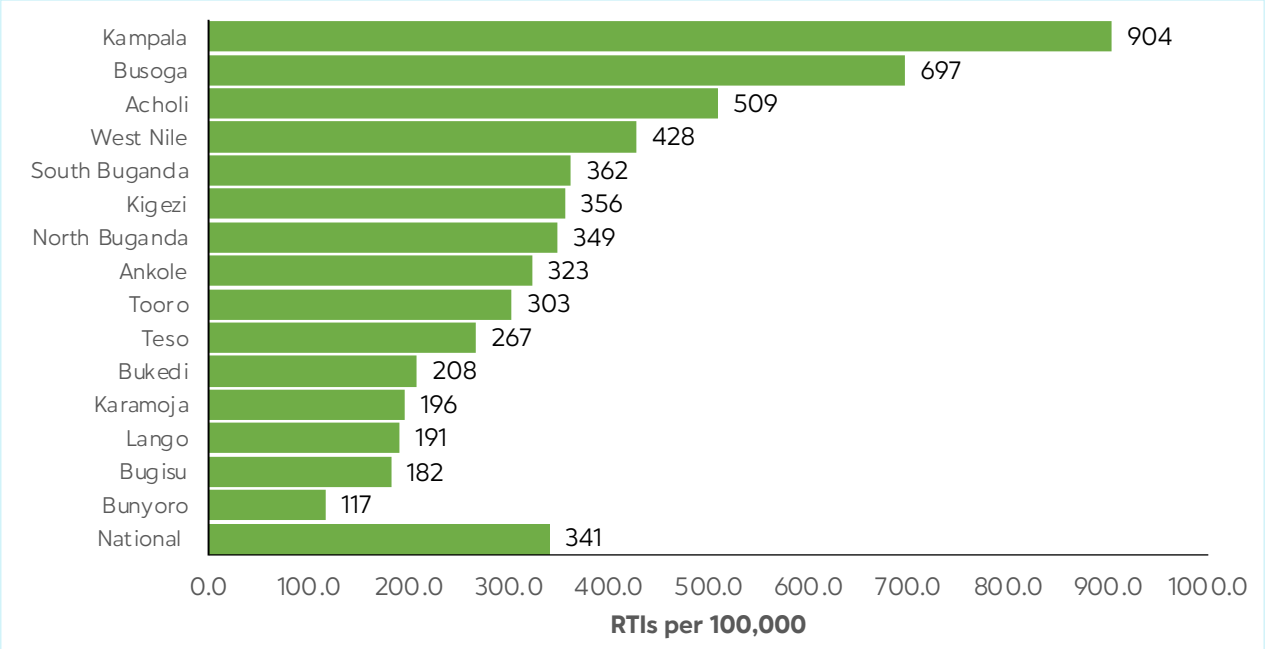


Table 17: RTIS by Financial Year and Region

Regions	2021/22		2022/23		2023/24		2024/25	
	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000
Ankole	3,718	302	2,974	287	10,749	299	10,416	509
Acholi	21,334	364	19,168	429	9,841	481	11,646	323
Bugisu	10,865	199	10,350	170	4,131	174	4,327	182
Bukedi	5,660	203	11,751	421	6,579	236	5,806	208
Bunyoro	7,450	162	8,780	149	6,098	139	5,107	117
Busoga	9,726	506	10,253	513	13,958	630	15,437	697
Kampala	16,901	1,098	15,167	1,402	27,246	1,452	16,948	904
Karamoja	11,220	256	11,373	205	3,571	246	2,848	196
Kigezi	5,539	402	4,507	314	5,675	319	6,338	356

Regions	2021/22		2022/23		2023/24		2024/25	
	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000	Number of RTIs	Rate/ 100,000
Lango	4,728	216	4,037	176	5,311	207	4,901	191
North Buganda	6,158	565	4,734	498	16,914	558	16,334	349
South Buganda	20,593	264	26,294	237	21,724	269	22,859	362
Teso	7,072	250	6,531	192	5,988	243	6,570	267
Tooro	7,156	288	5,597	303	10,209	302	10,230	303
West Nile	17,132	433	15,109	389	16,213	416	16,682	428
Total	**155,252**	**338**	**156,625**	**341**	**164,207**	**357**	**156,449**	**341**

2.2.4 Status of Emergency Medical Services in Uganda

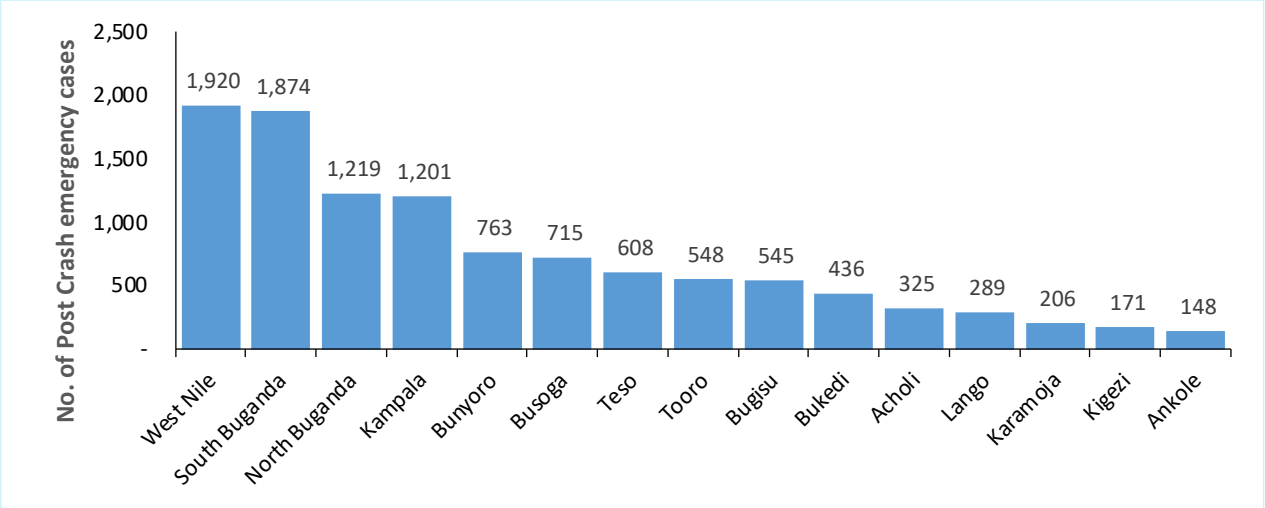
There were 855.6 reported emergency cases per 100,000 population during FY2024/25 as shown in Table 18. Kampala (2,590.7 cases per 100,000 pop) registering the highest rate, followed by Busoga, Acholi, North-Central, and West Nile. Bunyoro recorded the lowest. On average, 59.9% of cases received care at the scene, while 21.4% were transported to health facilities by ambulance where 57.4% were female and 42.6% were male. Of those transported, 75% were inter-facility transfers and 25% community evacuations. Among those who arrived at emergency units, 82.7% received care within one hour, and the case fatality rate stood at 1.1%. The national Ambulance service also responded during Mpox and Ebola outbreaks, evacuating 2168 and 453 cases respectively.

Table 18: Trauma Emergency Medical Services in the Country during FY 2024/25

Regions	Emergency Cases per 100,000	Emergency patients that received care at the scene		Emergency cases that arrive at the facility using an Ambulance		Emergency patients that accessed care with 1hr in an emergency unit		Deaths in Emergency Unit	
		N	%	N	%	N	%	N	%
Acholi	1,465.1	26,349	87.9%	4,250	28.3%	23,332	77.8%	234	0.8%
Ankole	604.8	12,828	58.9%	2,617	24.0%	15,064	69.2%	550	2.5%
Bugisu	594.0	4,841	34.3%	1,074	15.2%	8,462	59.9%	266	1.9%
Bukedi	631.8	12,025	68.2%	2,126	24.1%	14,457	82.0%	93	0.5%
Bunyoro	300.4	3,874	29.5%	1,182	18.0%	8,127	61.9%	128	1.0%
Busoga	1,860.6	14,337	34.8%	2,497	12.1%	33,050	80.2%	357	0.9%
Kampala	2,590.7	34,209	70.4%	2,910	12.0%	41,758	85.9%	177	0.4%
Karamoja	406.5	876	14.8%	1,299	44.0%	5,069	85.8%	88	1.5%
Kigezi	911.0	5,502	33.9%	947	11.7%	13,114	80.9%	89	0.5%
Lango	582.3	12,178	81.5%	1,574	21.1%	14,243	95.3%	332	2.2%
North Buganda	1,294.3	55,711	91.9%	3,184	10.5%	57,232	94.4%	755	1.2%
South Buganda	712.8	22,618	50.3%	4,309	19.2%	40,248	89.5%	529	1.2%
Teso	352.2	3,048	35.1%	1,689	39.0%	5,223	60.2%	49	0.6%
Tooro	310.8	5,858	55.8%	1,634	31.1%	6,543	62.3%	124	1.2%
West Nile	1,146.2	21,026	47.0%	10,792	48.3%	39,206	87.7%	375	0.8%

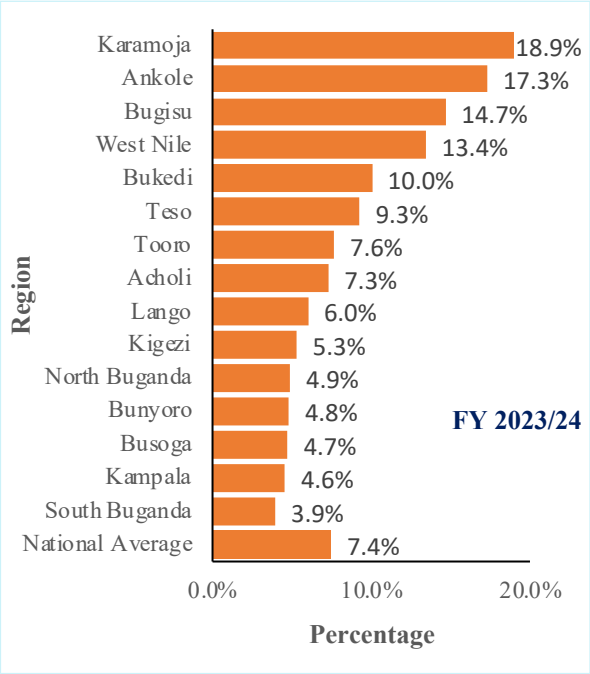
Inter-health facility transfers accounted for 87% of all ambulance services in the country. The National Average for patients who arrive at the facility using Ambulance was 21.4%, this represents only trauma transfers. Ambulance evacuations increased by 48.5% from 28,347 in FY 2023/24 to 42,084. West Nile had the highest proportion of emergency patients evacuated by ambulance at 48.3% followed by Karamoja (44%), Teso (39%), and Tooro (31.1%). On the other hand, North-Buganda reported the lowest utilization of Ambulance services at 10.5%. However, 96% of the transfers involved critically ill patients, indicating appropriate and efficient utilization of ambulance services.

Figure 8: Regional Distribution in the number of cases benefiting from Post-Crash Response Rescues



As detailed in Figure 8, West Nile reported the highest number of post-crash responses by ambulance, followed by South Buganda, North Buganda, and Kampala. On the Other hand, Ankole had the lowest number of reported post-crash response by ambulance.

Figure 9: Trauma Emergency Patients who arrived at Health Facility in an Ambulance by Region



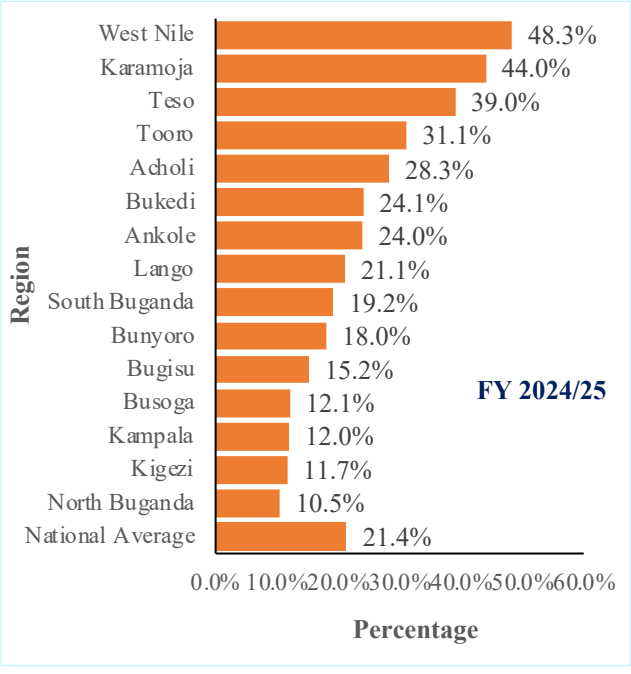


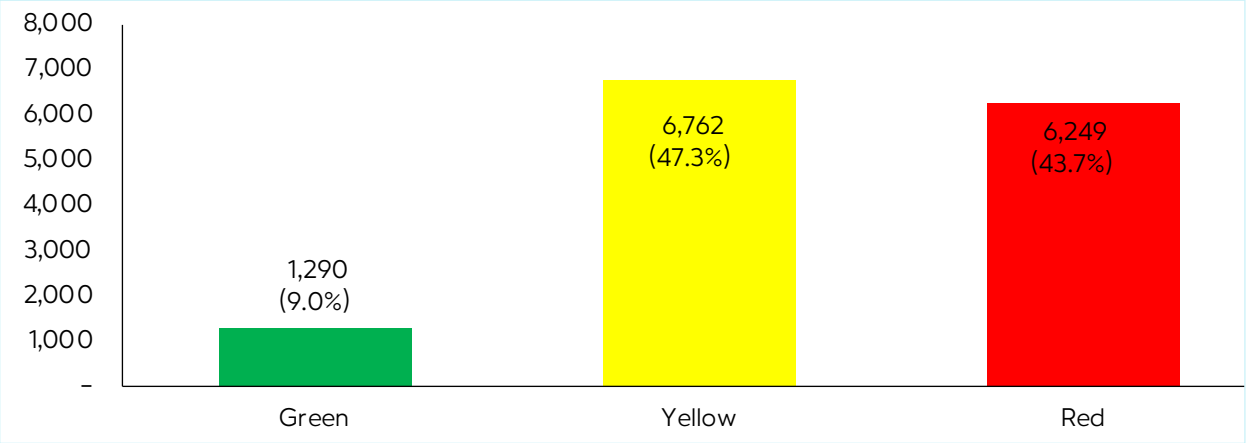
Table 19: Non-Trauma Evacuations by Ambulance

Regions	Maternal		Medical		Pediatrics		Surgical		Grand Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Acholi	372	2.6%	53	0.4%	42	0.3%	40	0.3%	507	3.5%
Ankole	153	1.1%	14	0.1%	21	0.1%	2	0.0%	190	1.3%
Bugisu	370	2.6%	184	1.3%	174	1.2%	60	0.4%	788	5.5%
Bukedi	512	3.6%	135	0.9%	67	0.5%	64	0.4%	778	5.4%
Bunyoro	320	2.2%	123	0.9%	31	0.2%	49	0.3%	523	3.7%
Busoga	1083	7.6%	422	3.0%	170	1.2%	154	1.1%	1,829	12.8%
Kampala	932	6.5%	361	2.5%	90	0.6%	143	1.0%	1,526	10.7%
Karamoja	234	1.6%	74	0.5%	66	0.5%	29	0.2%	403	2.8%
Kigezi	212	1.5%	32	0.2%	26	0.2%	31	0.2%	301	2.1%
Lango	604	4.2%	87	0.6%	81	0.6%	45	0.3%	817	5.7%
North Buganda	616	4.3%	264	1.8%	142	1.0%	137	1.0%	1,159	8.1%
South Buganda	871	6.1%	291	2.0%	97	0.7%	135	0.9%	1,394	9.7%
Teso	615	4.3%	105	0.7%	66	0.5%	35	0.2%	821	5.7%
Tooro	526	3.7%	205	1.4%	60	0.4%	78	0.5%	869	6.1%
West Nile	1888	13.2%	215	1.5%	139	1.0%	154	1.1%	2,396	16.8%
Total	**9,308**	**65.1%**	**2,565**	**17.9%**	**1,272**	**8.9%**	**1,156**	**8.1%**	**14,301**	**100.0%**

During FY 2024/25, a total of 14,301 non-trauma cases were evacuated by ambulances across the country. Maternal emergencies accounted for the majority of these cases, representing 65.1% (9,308), followed by medical cases at 17.9% (2,565), paediatric cases at 8.9% (1,272), and surgical emergencies at 8.1% (1,156).

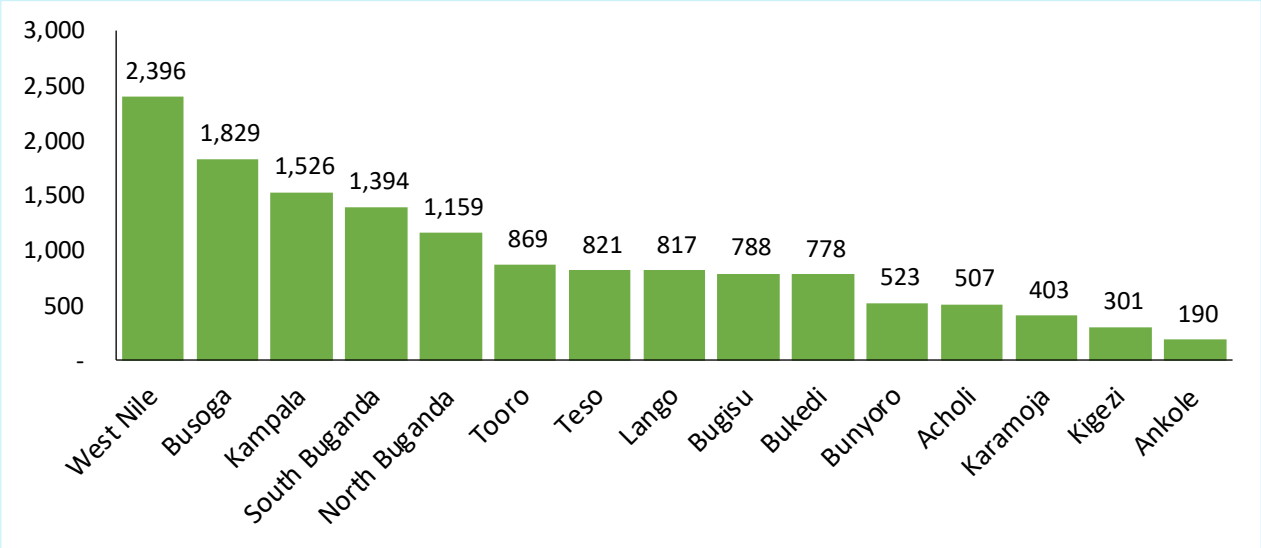
Notably, pregnant women and paediatric patients together constituted 74% (10,580) of all non-trauma evacuations, while 91% (6,821) of the reported cases were classified as critically ill emergencies requiring urgent medical attention. Details in Figure 10, Figure 11 and Table 19.

Figure 10: Triage Category for Non-Trauma Emergency Cases transferred by Ambulance



Note that Green refers to Stable& Non life-threatening, Yellow refers to Delayed (Serious but Stable) and Red refers to Immediate (Critical and Life-threatening).

Figure 11: Regional Variation for Non-Trauma Emergency Cases Transferred



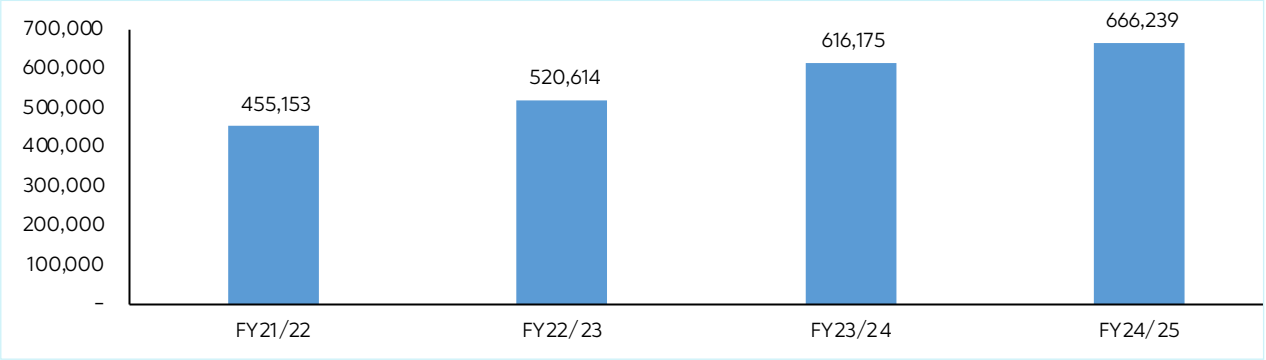
During FY 2024/25, the West Nile region reported the highest number of non-trauma cases evacuated by ambulance, totaling 2,396 cases, followed by Busoga (1,829), Kampala (1,526), and South Buganda (1,394).

In contrast, the Ankole region recorded the lowest number of non-trauma emergency evacuations, with only 190 cases reported during the same period.

2.2.5 Mental Health Conditions among OPD Attendance

In the past 4 years as highlighted by figure 12, the country has registered marked increase in mental health OPD attendances. Between FY2021/22 and FY2024/25, mental health OPD attendances rose markedly from 455,153 to 666,239, reflecting a 46% increase over the baseline year. Annual growth was steady, with a 14% rise in FY2022/23 and further acceleration to 35% in FY2023/24, before reaching the current 46% in FY2024/25.

Figure 12: Trends in Mental Health OPD Attendances: FY21/22 – FY24/25



In FY2024/25, mental health conditions accounted for 1.5% of all OPD attendances. Most outpatient visits for mental health diagnoses occur among adults aged 20 years and above, accounting for over 70% of cases. Female adults accounted for 42% of all mental health patients attending OPD while male adults accounted for 31%. Details are contained in Table 20.

Table 20: Mental Health Conditions among OPD Attendances by Age Group in FY 2024/25

	Under 5 Years		5-19 Years		20+ Years		Total
Diagnosis	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	
Alcohol related Dementia	-	-	30	44	293	577	944
Alcohol Use Disorders	-	-	603	866	3,234	9,643	14,346
Alzheimer's disease	-	-	40	32	447	309	828
Anxiety - Generalized anxiety Disorder	-	-	-	-	1	1	2
Anxiety - Panic Disorder	-	-	-	-	-	-	-
Anxiety - Phobic Disorders	-	-	1	-	5	-	6
Anxiety Disorder due to gender-based violence	32	21	2,533	613	8,638	3,575	15,412
Anxiety Disorders	175	150	7,754	3,254	28,066	13,669	53,068
Anxiety -Social anxiety Disorders	-	-	4	1	7	4	16
Autism spectrum disorders	200	370	341	644	104	111	1,770
Bipolar Affective Disorder	-	-	16	13	317	227	573
Bipolar disorder	164	114	4,324	3,439	36,753	26,705	71,499
Delirium	-	-	73	112	433	8,807	9,425
Dementia due to stroke (Diabetes, Hypertension)	-	-	63	19	1,517	929	2,528
Epilepsy	7,713	9,108	54,000	52,540	93,703	82,093	299,157
HIV related dementia	-	-	21	11	301	255	588
HIV related psychosis	-	-	846	2,392	4,383	3,606	11,227
Illness Anxiety Disorder	-	-	-	-	1	-	1
Intellectual disability	-	-	725	798	382	437	2,342
Internet addiction	-	-	267	176	720	846	2,009
Other Adult Mental Disorders	-	-	1,913	1,668	9,885	8,725	22,191
Other forms of Dementia	-	-	159	123	2,148	1,526	3,956
Post - Traumatic Stress Disorder	65	68	1,583	953	5,093	3,975	11,737
Schizophrenia	-	-	1,410	1,407	15,064	14,403	32,284
Substance (Drug) use Disorder	-	-	498	821	1,887	7,337	10,543
Unipolar Depressive Disorder	-	-	10,853	5,341	65,641	17,952	99,787
Total	8,349	9,831	88,057	75,267	279,023	205,712	666,239
Percentage	**1.3%**	**1.5%**	**13.2%**	**11.3%**	**41.9%**	**30.9%**	**100%**

Table 21 reveals that OPD attendances for mental health conditions in Uganda have shown a steady and significant increase, rising from 455,153 cases in 2021/22 to 666,239 cases in 2024/25. The upward trend reflects a growing recognition of mental health needs and possibly increased service utilization. Epilepsy remains the leading mental health diagnosis in Uganda's outpatient services, representing 44.9% of visits in FY2024/25, though its share has steadily declined from 55.4% in FY2021/22. In contrast, unipolar depressive disorder has surged, rising from 4.0% to 15.0% over the same period. Bipolar disorder (10.8%) and anxiety disorders (8.0%) continue to contribute significantly, while schizophrenia and gender-based-violence-related anxiety show persistent increases.

Table 21: Mental Health Conditions among OPD Attendances

No	Diagnosis	2021/22		2022/23		2023/24		2024/25	
		Number	%	Number	%	Number	%	Number	%
1	Epilepsy	251,979	55.4	263,843	50.7	280,451	45.5	299,157	44.9
2	Unipolar Depressive Disorder	18,378	4.0	44,824	8.6	96,277	15.6	99,787	15.0
3	Bipolar disorder	44,234	9.7	50,657	9.7	58,446	9.5	72,072	10.8
4	Anxiety Disorders	40,222	8.8	40,764	7.8	47,721	7.7	53,093	8.0
5	Schizophrenia	23,649	5.2	26,471	5.1	28,843	4.7	32,284	4.8
6	Other Adult Mental Health Conditions	21,232	4.7	27,744	5.3	30,528	5.0	22,191	3.3
7	Anxiety Disorder due to GVB	7,518	1.7	11,078	2.1	14,097	2.3	15,412	2.3
8	Alcohol Use Disorder	10,468	2.3	11,038	2.1	13,140	2.1	14,346	2.2
9	Post-Traumatic Stress Disorder	13,845	3.0	13,293	2.6	12,396	2.0	11,737	1.8
10	HIV related psychosis	8,143	1.8	9,150	1.8	9,613	1.6	11,227	1.7
11	Substance (Drug) use Disorder	6,155	1.4	7,096	1.4	11,491	1.9	10,543	1.6
12	Delirium	684	0.2	1,012	0.2	1,921	0.3	9,425	1.4
13	Other forms of Dementia	2,676	0.6	3,355	0.6	3,456	0.6	3,956	0.6
14	Dementia due to stroke	1,283	0.3	1,325	0.3	1,589	0.3	2,528	0.4
15	Intellectual disability	805	0.2	3,776	0.7	1,940	0.3	2,342	0.4
16	Internet addiction	971	0.2	2,097	0.4	907	0.1	2,009	0.3
17	Autism spectrum disorders	950	0.2	1,110	0.2	1,169	0.2	1,770	0.3
18	Alcohol-related Dementia	975	0.2	980	0.2	862	0.1	944	0.1
19	Alzheimer's disease	442	0.1	589	0.1	636	0.1	828	0.1
20	HIV related dementia	544	0.1	412	0.1	692	0.1	588	0.1
Total		**455,153**	**100**	**520,614**	**100**	**616,175**	**100**	**666,239**	**100**

West Nile, Busoga, and North Buganda reported the highest burden of OPD attendance due to epilepsy. Relatively low levels of Epilepsy cases attending OPD were reported for Karamoja region (Figure 13 and figure 14).

Figure 13: Regional Variations for OPD Attendance due to Epilepsy for fy2023/24

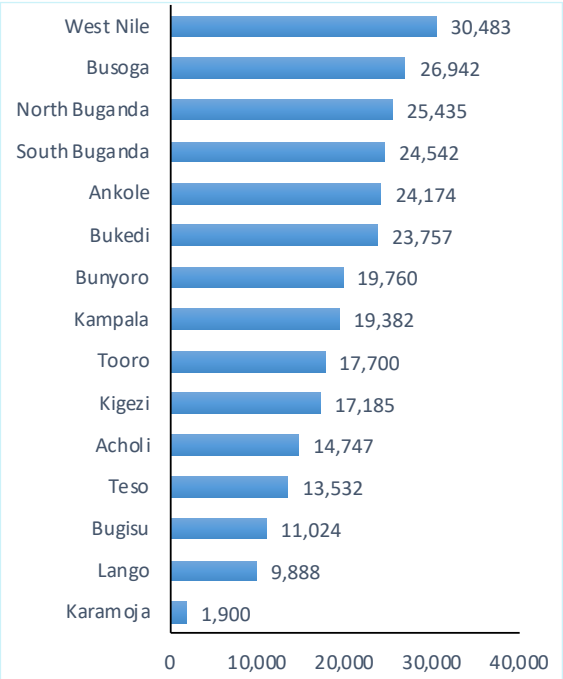
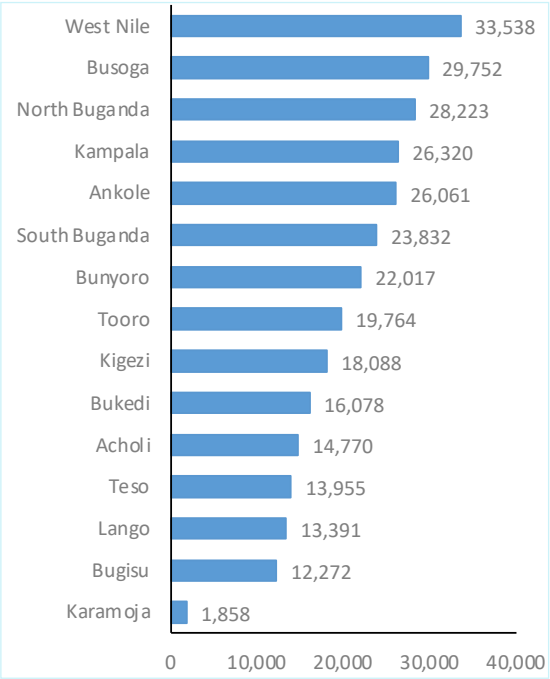


Figure 14: Regional Variations for OPD attendance due to Epilepsy for FY2024/25



2.2.6 Inpatient Admissions

Inpatient admissions increased by 10.4% from 3,579,106 in FY2023/24 to 3,952,629 in FY2024/25 as detailed in Figure 15.

Figure 15: Trends in Inpatient Admissions

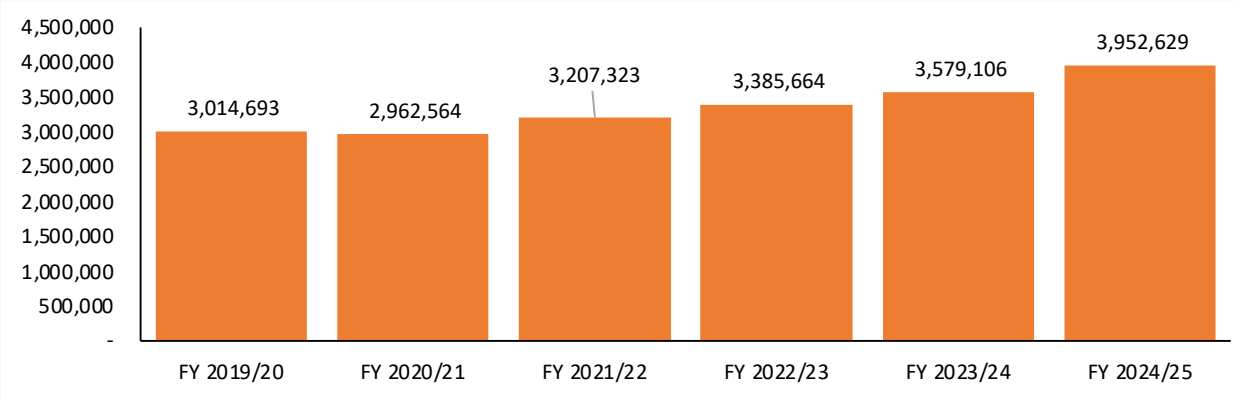


Table 22 shows admissions for children under 5 years accounted for 39.5% of all admissions. Utilization among males under the age of 5 years accounted for approximately 20.5% of total admission compared to females under-5 years who accounted for 19% of total admission. Admissions for females above 5 years accounted for 35.6% of all admissions compared to 24.8% among males above 5 years.

Table 22: Inpatient Admission by Age Group

FY	Category	0-4 Yrs			5+ Yrs			Total
		Male	Female	Total	Male	Female	Total	
2024/25	Number	581,584	539,422	1,121,006	704,641	1,010,332	1,714,973	2,835,979
	%	20.5%	19.0%	39.5%	24.8%	35.6%	60.5%	100.0%
2023/24	Number	569,300	424,467	993,767	616,464	1,147,338	1,763,802	2,757,569
	%	20.6%	15.4%	36.1%	22.4%	41.6%	63.9%	100.0%
2022/23	Number	687,850	622,791	1,310,641	760,652	1,314,371	2,075,023	3,385,664
	%	20.3%	18.4%	38.7%	22.5%	38.8%	61.3%	100.0%
2021/22	Number	635,566	567,314	1,202,880	729,573	1,256,018	1,985,591	3,188,471
	%	19.9%	17.8%	37.7%	22.9%	39.4%	62.3%	100.0%

In FY2024/25 as shown in Table 23, HC IIIs accounted for the largest share of inpatient admissions at 32.8%, followed by HC IVs (24.8%) and General Hospitals (24.5%).

Although tertiary level facilities like NRH and RRHs contributed a smaller overall proportion (4.3% and 11% respectively), they carried the heaviest caseload, averaging 58 and 70 new admissions per day, far exceeding the 14 daily admissions at general hospitals. Clinics and HC IIs have minimal inpatient admissions, less than 2% combined.

Table 23: Number of Inpatient Admissions by Level of Care

	2022/23					2023/24					2024/25				
Level of Facility	No. of HFs in DHIS2	Number of Admissions	Percent	Average admissions per year	Average admissions per day	No. of HFs in DHIS2	Number of Admissions	Percent	Average admissions per year	Average admissions per day	No. of HFs in DHIS2	Number of Admissions	Percent	Average admissions per year	Average admissions per day
Clinic	394	73,964	2.2	118	1	418	24,216	0.7	58	0.16	418	29,095	0.7	70	0.19
HC II	3,303	78,101	2.3	17	1	3,612	69,738	1.9	19	0.05	3,612	76,233	1.9	21	0.06
HC III	1,879	1,030,744	30.4	513	2	2,040	1,133,541	31.7	556	2	2,040	1,295,411	32.8	635	2
HC IV	245	804,583	23.8	3,102	9	262	851,147	23.8	3,249	9	262	978,084	24.8	3,733	10
Gen Hospital	183	896,615	26.5	4,482	13	189	919,717	25.7	4,866	13	189	968,871	24.5	5,126	14
RRH	16	414,938	12.3	24,409	69	17	416,328	11.6	24,490	67	17	433,261	11.0	25,486	70
NRH	5	86,719	2.6	15,865	45	8	164,419	4.6	20,552	56	8	169,026	4.3	21,128	58
Total	**6,025**	**3,385,664**	**100**	**48,506**	**137**	**6,546**	**3,579,106**	**100**	**547**	**150**	**6,546**	**3,949,981**	**100.0**	**603**	**155**

Table 24 reveals that 76% of patient admissions were in government health facilities followed by PNFP health facilities (19%). Among the PNFP and PHP health facilities most admissions were at general hospital level.

Table 24: Inpatient Admissions by Health Facility Level and Ownership in FY 2024/25

Facility Level	Government		PNFP		PFP		Total	%
NRH	169,026	6%	-	0%	-	0%	169,026	4%
RRH	433,261	14%	-	0%	-	0%	433,261	11%
General Hospital	563,908	19%	337,077	45%	67,886	36%	968,871	25%
HC IV	890,992	30%	68,864	9%	18,228	10%	978,084	25%
HC III	945,824	31%	303,662	41%	75,020	40%	1,324,506	34%
HC II/Clinics	11,943	0%	38,728	5%	25,562	14%	76,233	2%
Total	**3,014,954**	**100%**	**748,331**	**100%**	**186,696**	**100%**	**3,949,981**	**100%**

The in-patient admission rate has steadily increased from 68 per 1,000 population in FY2021/22 to 86 per 1,000 in FY2024/25. Busoga region at 163 per 1,000 and South Buganda (119 per 1,000) registered the highest rates in FY 2024/25. Kampala and Acholi consistently exceeded 120 per 1,000 for the past three years, while North Buganda and Bunyoro remain below 50 per 1,000,

Table 25: Trends in Patient Admission Rates per 1,000 Population by Region

Region	Population	No. of Health facilities	FY 2024/25		FY 2023/24	FY 2022/23	FY 2021/22
			No. of admissions	Admissions per 1,000 population	Admissions per 1,000 population	Admissions per 1,000 population	Admissions per 1,000 population
Acholi	2,047,118	315	250,452	122	115	121	94
Ankole	3,600,747	520	297,882	82	67	74	57
Bugisu	2,376,744	271	208,754	87	82	92	75

Region	Population	No. of Health facilities	FY 2024/25		FY 2023/24	FY 2022/23	FY 2021/22
			No. of admissions	Admissions per 1,000 population	Admissions per 1,000 population	Admissions per 1,000 population	Admissions per 1,000 population
Bukedi	2,792,123	270	232,377	83	79	81	83
Bunyoro	4,372,349	284	201,405	46	56	64	56
Busoga	2,216,221	561	361,431	163	64	61	50
Kampala	1,875,834	902	247,411	131	135	190	128
Karamoja	1,452,838	151	125,852	86	98	70	85
Kigezi	1,779,694	347	154,171	86	92	58	92
Lango	2,567,518	247	234,644	91	81	41	63
North Buganda	8,081,296	697	372,288	46	68	52	61
South Buganda	3,032,296	921	362,955	119	48	124	46
Teso	2,462,344	249	243,338	98	97	60	69
Tooro	3,378,840	435	323,036	95	79	111	81
West Nile	3,899,084	377	336,633	86	79	66	74
National	**45,935,046**	**6,547**	**3,952,629**	**86**	**76**	**74**	**68**

Table 26 shows that malaria remains the leading cause of admissions in health facilities (26.8%) followed by Pneumonia, Septicemia, Cough and cold No Pneumonia are among the leading causes of admissions respectively.

Table 26: Leading Causes of Admissions in FY 2024/25

S/N	Conditions	Under 5 Yrs			Above 5 Yr.			Total	Percent
		0-4Yrs Male	0-4Yrs Female	Total < 5Yrs	5+Yrs Male	5+Yrs Female	Total > 5 Yrs		
1	Malaria	156,104	146,845	302,949	140,434	231,771	372,205	**675,154**	**26.8**
2	Pneumonia	55,259	48,317	103,576	22,343	26,675	49,018	**152,594**	**6.0**
3	Septicemia	33,385	29,830	63,215	20,948	29,476	50,424	**113,639**	**4.5**
4	No Pneumonia - Cough and cold	31,403	29,470	60,873	21,231	31,513	52,744	**113,617**	**4.5**
5	Urinary Tract Infections (UTI)	1,987	2,876	4,863	24,470	81,720	106,190	**111,053**	**4.4**
6	Neonatal conditions (All)	58,828	50,840	109,668	-	-	-	**109,668**	**4.3**
7	Injuries (All causes)	4,288	3,856	8,144	60,855	30,267	91,122	**99,266**	**3.9**
8	Peptic Ulcer Disease	1,852	1,329	3,181	29,148	63,057	92,205	**95,386**	**3.8**
9	Anaemia	19,699	17,336	37,035	21,613	25,453	47,066	**84,101**	**3.3**
10	Diarrhea - Acute	30,119	26,824	56,943	8,254	11,750	20,004	**76,947**	**3.1**
11	Hypertension	63	176	239	22,053	38,745	60,798	**61,037**	**2.4**
12	Sickle cell disease	6,531	5,465	11,996	12,104	12,935	25,039	**37,035**	**1.5**
13	Acute sepsis	4,920	11,177	16,097	7,542	5,574	13,116	**29,213**	**1.2**
14	Diabetes mellitus	48	115	163	10,701	14,435	25,136	**25,299**	**1.0**
15	Typhoid Fever	740	864	1,604	7,166	12,825	19,991	**21,595**	**0.9**
16	Diseases of the skin	3,557	3,552	7,109	4,646	5,451	10,097	**17,206**	**0.7**
17	Abdominal Pain	1,514	1,563	3,077	4,970	8,807	13,777	**16,854**	**0.7**
18	Hernias	1,518	602	2,120	9,356	4,988	14,344	**16,464**	**0.7**
19	Asthma	1,226	1,018	2,244	4,137	9,786	13,923	**16,167**	**0.6**
20	Gastro-esophageal reflux disease (GERD)	1,933	1,760	3,693	4,020	7,316	11,336	**15,029**	**0.6**

**All other disease conditions accounted for 25.2% of the cases*

2.2.8 Inpatient Mortality (Deaths)

Table 27: Trends in the Number of Inpatient Deaths by Level

Level	FY 2022/2023			FY 2023/2024			FY 2024/2025		
	No. of admissions	No. of deaths	Percent	No. of admissions	No. of deaths	Percent	No. of admissions	No. of deaths	Percent
NRH	79,321	3388	**7.6**	164,419	7,768	**16.2**	170,471	8,057	**15.6**
RRH	414,938	14269	**31.8**	416,328	14,052	**29.3**	427,233	15,516	**30.0**
General Hospital	896,615	15936	**35.5**	919,717	15,742	**32.8**	956,785	15,749	**30.5**
HC IV	804,300	5035	**11.2**	849,146	5,229	**10.9**	967,455	7,250	**14.0**
HC III	1,030,858	2413	**5.4**	1,127,327	4,792	**10.0**	1,288,828	4,773	**9.2**
HC II	78,101	322	**0.7**	69,738	281	**0.6**	76,090	269	**0.5**
Clinic	73,633	3465	**7.7**	24,216	127	**0.3**	28,665	104	**0.2**
Total	**3,377,766**	**44,828**	**100.0**	**3,570,891**	**47,991**	**100.0**	**3,915,527**	**51,718**	**100.0**

Table 27 reveals that Regional Referral Hospitals and General hospitals account for 60.5% of all facility deaths respectively.

The country recorded a 7.2% increase in the number of deaths as compared to previous FY 2023/24.

Table 28: Leading Causes of In-Patient Death in FY 2024/25

S/N	Condition	Under 5 Yrs			Above 5 Yrs			Overall Total	Percent
		Male	Female	Total	Male	Female	Total		
1	Neonatal conditions (All)	3,646	2,889	6,535	-	-	-	6,535	14.9
2	Pneumonia	851	694	1,545	1,144	929	2,073	3,618	8.3
3	Malaria	657	592	1,249	505	444	949	2,198	5.0
4	Injuries (All causes)	168	79	247	1,385	474	1,859	2,106	4.8
5	Hypertension (Old and new cases)	103	53	156	815	983	1,798	1,954	4.5
6	Anaemia	431	315	746	587	479	1,066	1,812	4.1
7	Stroke/Cerebro Vascular Accident (CVA)	40	38	78	660	764	1,424	1,502	3.4
8	Diabetes Mellitus (Old & new cases)	130	15	145	612	670	1,282	1,427	3.3
9	Septicemia	252	190	442	313	287	600	1,042	2.4
10	TB	28	13	41	525	274	799	840	1.9
11	Respiratory distress	342	198	540	155	113	268	808	1.8
12	Heart failure	25	22	47	308	385	693	740	1.7
13	Peptic Ulcer Disease	194	32	226	202	239	441	667	1.5
14	Urinary Tract Infections (UTI)	155	94	249	95	253	348	597	1.4
15	Acute sepsis	63	31	94	235	215	450	544	1.2
16	Sickle cell disease	106	75	181	143	109	252	433	1.0
17	Chronic Liver Disease	11	7	18	271	143	414	432	1.0
18	Chronic Kidney Diseases	4	3	7	240	172	412	419	1.0
19	Cardiac arrest	37	18	55	193	169	362	417	1.0
20	Liver Cirrhosis	25	3	28	265	122	387	415	0.9

**All other disease conditions account for 34.9% of the deaths at health facilities*

A 9.7% reduction in the number of deaths was recorded in the FY 2024/25 from 18,286 in FY 2023/24 to 16,507 in FY 2024/25. Overall, the leading causes of deaths remain the same. If aggregated, motorcycle accidents, motor vehicle accidents and other injuries could be the next leading causes of death after malaria. On the other hand, Neonatal deaths increased from 4,208 in FY 2023/24 to 4,447 in FY 2024/25. This is a 5.7% increment in the number of neonatal deaths. Death due to hypertension is on the rise accounting for 4.5% of all in-patient death compared to 2.8% in the previous year. Detailed statistics in Table 28.

Table 29 shows that neonatal conditions are the leading causes of deaths in health facilities (14.9%) This an increment from 9.4% from previous FY 2023/24. More than 32% of neonatal deaths are premature babies as a condition that requires management. Injuries from all causes accounted for 4.8% of the deaths after malaria at 5%.

Table 29: Deaths due to Neonatal Conditions FY 2024/25

Condition	Male 0-4Yrs	Female 0-4Yrs	Total < 5Yrs
Neonatal Sepsis 0-7days	620	526	1,146
Neonatal Sepsis 8-28days	166	153	319
Neonatal Jaundice	150	99	249
Neonatal Pneumonia	142	76	218
Neonatal Meningitis	36	30	66
Neonatal tetanus	5	5	10
Premature baby (as condition that requires mgt)	1166	922	2,088
Other Neonatal Conditions	1361	1078	2,439

Out of all patients admitted due to malaria, 2,196 (4.8 per 100,000 persons) died. North Buganda (313), Busoga (241) and Bunyoro (239) sub regions reporting the highest number of malaria deaths as shown in Table 30.

Table 30: Malaria Deaths by Region in FY 2024/25

Region	Malaria deaths	Malaria as % of all-cause deaths	Malaria case fatality rate	Malaria mortality rate (per 1000000)
Acholi	168	5.3%	0.3%	8.2
Ankole	91	4.2%	0.4%	2.5
Bugisu	46	1.5%	0.1%	2.1
Bukedi	82	5.7%	0.1%	3.5
Bunyoro	239	10.8%	0.6%	8.6
Busoga	241	7.9%	0.3%	5.5
Kampala	79	0.8%	1.2%	5.4
Karamoja	147	9.7%	0.4%	7.8
Kigezi	36	2.1%	0.6%	2.0
Lango	169	9.4%	0.3%	6.6
North Buganda	313	7.4%	0.5%	6.5
South Buganda	112	3.8%	0.2%	1.8
Teso	137	7.3%	0.2%	5.6
Tooro	197	5.6%	0.4%	5.8
West Nile	139	3.8%	0.3%	3.6
National	**2,196**	**4.7%**	**0.3%**	**4.8**

Health facility deaths due to injuries decreased by 14.9% from 3,174 to 2,701 in FY 2024/25. There is significant decrease in number of deaths due to motorcycle and motor vehicle accidents (Table 31).

Table 31: Deaths due to Injuries

Cause	FY 2022/23		FY 2023/24		FY 2024/25	
	Number	%	Number	%	Number	%
RTI – Motor Cycle	641	27.06%	932	30.34%	725	26.94%
RTI – Motor Vehicle	566	23.89%	904	29.43%	688	25.57%
RTI – Others	324	13.68%	326	10.61%	423	15.72%
Snake bites	79	3.33%	93	3.03%	101	3.75%
RTI – Bicycles	31	1.31%	14	0.46%	5	0.19%
Animal bites – Domestic	74	3.12%	28	0.91%	23	0.85%
Animal bites – Insects	24	1.01%	25	0.81%	29	1.08%
Animal bites – Wild	21	0.89%	6	0.20%	4	0.15%
Injuries – (Trauma due to other causes)	609	25.71%	744	24.22%	693	25.75%
Total	**2,369**	**100%**	**3,072**	**100%**	**2,691**	**100%**

2.3 PERFORMANCE AGAINST THE KEY HEALTH OUTCOME INDICATORS

During the year under review 27 out of the 32 key outcome indicators were assessed and 5 were not assessed due to lack of data as shown in Table 33. Out of the 27, the sector achieved 25.9% (7/27) compared to 40.8% (11/27) in FY 2023/24; made some progress though did not achieve the annual target for 40.8% (11/27) compared to 25.9% (7/27) the previous year; minimal, no progress or decline in 33.3% (9/27) same as FY 2022/23. This shows some decline in performance over the last year.

Slow progress or non-achievement of some targets was due to low coverage of HIV positive pregnant women initiated on ARVs for EMTCT (91%), HIV exposed infants with first DNA/PCR test within 2 months (83%), ART Retention rate at 12 months (80%) which declined compared to the previous year due to partner funding shortfalls resulting from the work stop orders that affected access of HIV/Aids commodities and supplies. High numbers of leprosy patients in West Nile & Tooro region due influx of refugees from Congo and South Sudan, stock out of HepB vaccines upon roll out of HepB birth dose, limited awareness about cancer screening services as well as poorly equipped facilities. Under maternal health services there is late ANC attendance affecting uptake of IPTp, and inadequate supplies for anemia screening during prenatal visits.

Table 32: Summary of Performance against the key Health Outcome Indicators

FY	Achieved		Progress		Not Achieved		Not Assessed
	Number	%	Number	%	Number	%	Number
2024/25	7	25.9%	11	40.8%	9	33.3%	5
2023/24	11	40.8%	7	25.9%	9	33.3%	5
2022/23	11	42%	1	4%	14	54%	6
2021/22	17	63%	6	22%	4	15%	5
2020/21	14	50%	6	21%	8	29%	4

Table 33: Performance against the Key Outcome Indicators

No.	Indicator	Baseline 2019/20	Performance				Target 2024/25	Performance 2024/25	Remarks
			2020/21	202122	2022/23	2023/24			
1.	$DPT_3HibHeb_3$ coverage	87%	87%	91%	87%	95%	100%	97%	Equity challenges hindering access to immunization services. The program has embarked on using CSOs to improve defaulter tracking
2.	Measles immunization coverage under 1 year (MR 1)	88%	86%	91%	88%	94%	95%	97%	Big Catch up supported reaching under vaccinated children for Measles Rubella and updated their vaccination status
3.	Use of insecticide-treated bed nets for malaria prevention	68%	No data	No data	No data	62%	85%	76.6%	The proportion of the population that slept under an ITN the night before the survey increased from 62% (UDHS 202) to 77% (UMIS 2024).
4.	% of the population with knowledge and practice correct malaria prevention, control and management measures.	No data	No data	No data	No data	No data		No data	Source is Malaria Indicator Survey which is yet to be released.
5.	HIV positive pregnant women initiated on ARVs for EMTCT	92%	96%	98%	94%	95%	95	91	The program achieved 91% of the targeted 95% for HIV positive women identified in ANC, Labour and delivery entry points. This reduction in performance from 92% to 91% was majorly due to stop work orders that affected the follow-up and linkage mechanisms both at community and facility level
6.	HIV exposed infants with first DNA/PCR test within 2 months	56%	71%	88%	91%	91%	95%	83%	Of the estimated 75,998 mothers needing PMTCT, a total of 63,081 exposed infants received 1st DNA PCR within 2 months, which slightly below the target of 85% and a decline of 8% from the previous performance. This drop is majorly due to reductions in client tracking and follow-up mechanisms due to the stop work orders.

No.	Indicator	Baseline 2019/20	Performance				Target 2024/25	Performance 2024/25	Remarks
			2020/21	202122	2022/23	2023/24			
7.	ART Coverage	86%	91%	95%	98%	97% (1,492,721 / 1,444,813)	91%	93%	Of the spectrum estimated 1,527,238 PLHIV, a total of 1,417,232 PLHIV were on ART achieving 93%. The low performance was contributed to by children 0 – 9 years at only 51% 920,579 Vs 40,015) and Adolescents 10- 19 years at 65% (55,847 Vs 85,335).
8.	ART Retention rate at 12 months	76%	78%	83%	77%	82% (24,809 / 30,158)	95%	80%	The overall low performance is due to low linkage, appointments tracking and follow-up mechanisms which were affected by the stop work orders. This low performance against the target is contribution to majorly by low retention rates among children (0-9 years) at only 60%, eMTCT mothers at 83% and adults at 82%.
9.	ART Viral Load Suppression Rate among PLHAs on treatment	89%	93.50%	88%	94%	96%	95	95	The program achieved 95% viral load suppression rate. However, low performance was recorded among children (0-9) years and adolescents (10-19) years at 87% and Male at 94%.
10.	TB Case Notification Rate	152 /100,000	161 /100,000	198 /100,000	212 /100,000	198 /100,000	179	176	The performance is largely attributed to the scale-down of partner-supported activities in some sub regions, which directly impacted case-finding interventions both in communities and health facilities. In response, the program continues to implement the TB CAST+ campaign, including the deployment of mobile TB clinics and community screening with portable X-ray units, to enhance TB screening and case finding across the country.
11.	Leprosy patients presenting to health facilities with Grade 2 disability at the time of diagnosis	No data	12.9%	21.5%	19%	10.5%	5%	17%	Considerable progress has been made toward the 2029/30 target of 5%, indicating that capacity-building for health workers and intensified contact surveillance in high-burden regions such as West Nile are beginning to yield results. Going forward, greater focus will be placed on early detection, strengthening diagnostic skills among health workers, and sustaining community awareness to further reduce late presentation with Grade 2 disability.
12.	Target population fully vaccinated against COVID-19	Na	11%	57%	58%	No data	90	No data	No population survey was undertaken.

No.	Indicator	Baseline 2019/20	Performance				Target 2024/25	Performance 2024/25	Remarks
			2020/21	202122	2022/23	2023/24			
13.	Zoonotic disease detected and managed timely	100%	100%	100%	100%	100%	100%	100%	All epidemics were detected and managed timely
14.	Target districts (51) that achieved elimination of blinding trachoma	No data	90%	90%	90%	96%	100%	96%	58 out of 61 that have achieved elimination of Trachoma
15.	% of target population vaccinated against Hepatitis B by dose								
	1st dose	78%	77%	59%	76%	28%	80%	18%	Stockout of Hepatitis vaccine for adults
	2nd dose	39.20%	51%	29%	48%	7%	70%	4%	
	3rd dose	15.60%	30%	23%	24%	3%	60%	1%	
16.	Tobacco non-smoking rate	90.4%	97%	97%	84%	91.7%	95%	91.7%	
	Males	*83.2%*				*85%*		*85%*	
	Females	*97.1%*				*97.6%*		*97.6%*	
17.	Girls immunized against cervical cancer by 10 years	40%	58.6%	56%	74%	75%	90%	97%	The country switched from 2 doses to single dose of HPV during the FY 24/25. During this FY HPV vaccination coverage was 97% (WUENIC) and this is attributed to the Big Catch-Up campaign where school health interventions were strengthened.
18.	Cervical cancer screening in women aged 30-49 years	9.9%	No data	No data	No data	23%	50%	23%	Last survey was done in 2023, 23%. No new survey done
19.	Breast cancer screening in women aged 30 - 49 years	7%	11%	No data	No data	No data	50%	No data	Data source in HMIS was not capturing this information. However, this has been modified to include this data starting FY 2025/26.
20.	Prostate cancer screening in men above 40 years	2%	No data	No data	No data	No data	50%	No data	Data source in HMIS was not capturing this information. However, this has been modified to include this data starting FY 2025/26.

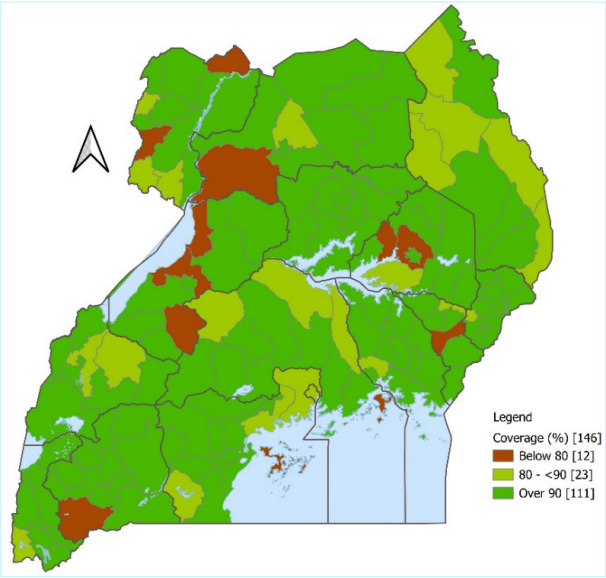
No.	Indicator	Baseline 2019/20	Performance				Target 2024/25	Performance 2024/25	Remarks
			2020/21	202122	2022/23	2023/24			
21.	IPTp3 coverage for pregnant women	30%	50%	57%	54%	54%	90%	65%	The IPTp3 coverage improved but is still below the set target for 2024/25. The performance improved from 40% in 2019/20 to 65.6% (FY 2021/22) but this dropped to 54% in FY 2023/24. In FY2024/25 the performance increased to 65%. with a 11% increase in performance between 2023/24 and 2024/25.This was attributed to improved provider knowledge and skills that was achieved through refresher trainings and provision of SOPs and job aid, QA/QC approaches that targeted all stakeholders like onsite mentorships, CMEs CQIs and stakeholder learning events. Additionally, the SP stock status significantly improved from Q4 (FY 2023/24) to date. However, there is still need to improve early ANC initiation and ANC 4 for now access to IPTp can be improved through the introduction of community IPTp.
22.	Anaemia screening at first prenatal visit	49%	21%	23%	23%	23%	65%	28%	Performance remained below the 65% target, mainly because health facilities at different levels did not consistently have the laboratory supplies required for haemoglobin testing.
23.	ANC 4th visit coverage	42%	48%	59%	46%	49.1% (1,119,557/ 2,278,100)	56%	56% (1,275,939 / 2,296,752)	Increased by 14.2% achieving the set target
24.	Health facility deliveries	62%	64%	68%	64%	65%	74%	71%	Under reporting especially by private health facilities.
25.	HC IVs providing CeMNOC	51% (103/203)	50% (108/218)	54 (131/241)	52% (132/254	60% (159/266)	75%	66.4% (190/286)	0.4 percentage increase, mainly due to upgraded HC IVs and their proper alignment in DHIS2. However, 52 HC IVs lack blood transfusion services and 44 did not conduct caesarean sections because of infrastructure and staffing gaps.
26.	Maternal deaths among 100,000 health facility deliveries	92	92	83	90.3	82.7	20	69.1	Reduced by 16.44%

No.	Indicator	Baseline 2019/20	Performance				Target 2024/25	Performance 2024/25	Remarks
			2020/21	202122	2022/23	2023/24			
27.	Facility based fresh still births (per 1,000 deliveries)	9	7.7	7	6.4	5.7	4	5.3	Reduced by 7%
28.	% of Maternal deaths reviewed	72%	76%	89.4%	89%	95%	95%	88%	The decline in review rates was largely attributed to challenges with the availability of reporting tools, as well as capturing limitations on DHIS2
29.	% of Perinatal deaths reviewed	9.7%	32%	42.2%	43%	61%	60%	56.2%	
30.	Under-five Vitamin A second dose coverage	30%	48.2%	66.3%	72%	47%	80	57%	The decline is due to a 12-year shortage of Vitamin A supplementation, with only a limited number of doses provided by Vitamin Angels and UNICEF, which did not cover the entire country. poor performing Regions including Bunyoro, Bukedi, South Buganda, and Teso
31.	% of pregnant women receiving ferrous sulphate/ folate supplement on first visit.	No data	68%	66%	67%	67%	65.0	71.5%	Increased by 6.72%. Regions of Kampala, South Buganda, and Teso had the lowest performance.
32.	Young people in school accessing age-appropriate information	No data	No data	No data	No data	No data	98%	No data	

DPT3 Coverage

DPT3 coverage increased from 94% in FY 2024/25 to 102% in the current financial year. 2,070,371 doses were administered in FY 2024/25, up from 1,873,314 doses in FY 2024/25. However, low DPT3 coverage was reported in; Soroti (58%), Moyo (63%), Buliisa (70%), Kalaki (71%), Arua (72%), Nwoya (72%), Buvuma (76%), Kalangala (76), Ntungamo (76) and Butaleja (78%). DPT3 coverage of less than 90% was reported in 25% (37/146) of the LGs.

Figure 16: Map Showing DPT3 Coverage by LGs in FY 24/25



The national DPT dropout rate (DoR) was on 3% (within the WHO recommended acceptable DoR range of 0-10%). High DPT1 to DPT3 dropout rates was observed in Buikwe (10%), Buvuma (10%), Kayunga (10%), Moroto (10%), Amuru (11%), Mpigi (11%), Butebo (13%) and Kisoro (16%) (Figure 16).

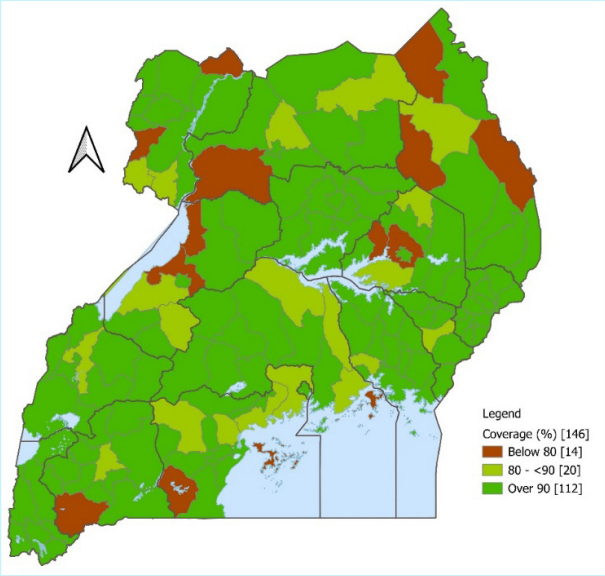
DPT1 Coverage and Zero Dose Children at LGs

DPT1 coverage increased by 5% in FY 2024/2025, rising from 98% in FY 2023/2024 to 103%. This high coverage is largely attributed to the intensive catch-up immunization campaign conducted during the period. However, Ntungamo (78%), Kalaki (77%), Buliisa (75%), Kalangala (73%), Nwoya (71%), Moyo (63%), and Soroti (61%) reported low DPT1 coverge.

Measles Rubella (MR) Immunization Coverage Under One Year

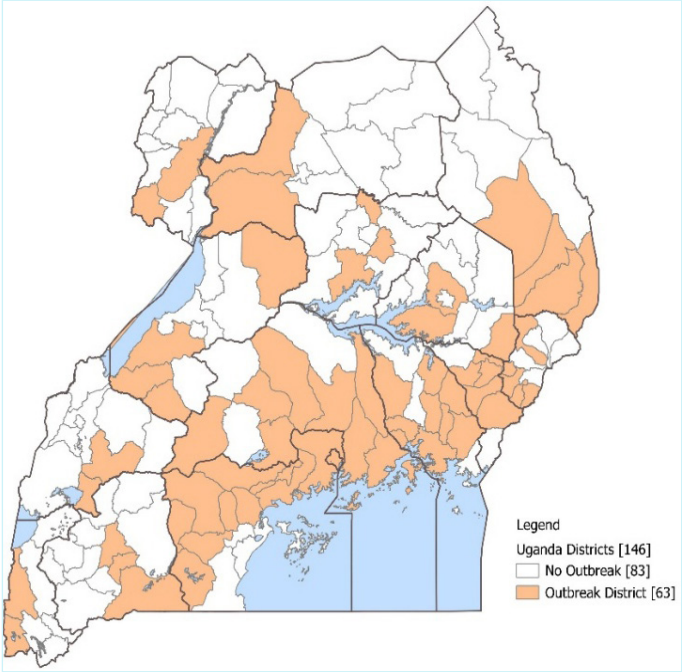
Figure 17 reveals that MR1 coverage increased from 92% in FY2024/25 to 103% in FY2024/25. The high coverage is also attributed to the intensive catch-up vaccination conducted in the period. Low MR1 coverage was observed in Soroti (55%), Moyo (63%), Nwoya (63%), Buliisa (64%), Buvuma (64%), Kalaki (68%), Hoima (71%), Kalangala (72%), Arua (73%), Ntungamo (76%), Rakai (77%), Abim (78%), Karenga (79%) and Moroto (79%).

Figure 17: MR1 Coverage FY 24/25



The Ministry of Health introduced the second year of life dose (MR2) to give children sufficient protection and immunity in the second year of life at 18 months. MR2 coverage was 41% in the last year however because of the big catch-up vaccination efforts, the coverage increased to over 100%.

Figure 18: Measles Outbreak Districts FY 2024/25



Measles Outbreak Districts FY 2024/2025		
Amudat	Kanungu	Mukono
Amuru	Kayunga	Nabilatuk
Budaka	Kibaale	Nakapiripirit
Bugiri	Kiboga	Nakaseke
Bugweri	Kibuku	Namisindwa
Buikwe	Kikuube	Namutumba
Bukedea	Kiryandongo	Napaka
Bukomansimbi	Kisoro	Nwoya
Bulambuli	Kitagwenda	Rakai
Butaleja	Kwania	Sembabule
Butambala	Lira	Serere
Butebo	Luwero	Soroti
Buvuma	Lwengo	Tororo
Gomba	Lyantonde	Wakiso
Iganga	Madi Okollo	Zombo
Isingiro	Manafwa	
Jinja	Mayuge	
Jinja City	Mbale	
Kagadi	Mbale City	
Kaliro	Mbarara	
Kalungu	Mbarara City	
Kampala	Mityana	
Kamuli	Mpigi	
Kamwenge	Mubende	

The country registered 63 measles outbreaks spread in all the regions. The regions of Lango, Tooro, Kigezi, Karamoja and West Nile were the least affected

RED Categorization

To assess access to and utilization of immunization services, a Reach Every District/ Reach Every Child (RED/REC) categorization analysis was conducted. Based on this analysis:

1. 117 Local Governments (LGs) were classified under Category 1, indicating good access and good utilization of immunization services.
2. 7 LGs fell into Category 2, with good access but poor utilization.
3. 21 LGs were placed in Category 3, representing poor access but good utilization.
4. Only one district, Buvuma, was classified as Category 4, indicating both poor access and poor utilization of immunization services.

Given its dual challenges, Buvuma District should be prioritized for targeted support.

Likewise, Category 3 districts also require focused interventions. Recommended strategies include large-scale catch-up vaccination campaigns, enhanced supportive supervision and mentorship, and the regular updating and implementation of immunization microplans.

These efforts are essential to reach every child—particularly zero-dose children—and reduce the risk of vaccine-preventable disease outbreaks.

Proportion of Target Population Vaccinated against Hepatitis B by dose:

During the financial year, there was a decline in most of the indicators for Hepatitis B testing and treatment as shown in Table 34.

This decline was attributed to the stockout of screening kits, Hepatitis B treatment regimens, and vaccines.

Table 34: HEPB Testing and Treatment in Adult Population

HEPB Indicator	FY23/24	FY24/25	% change
Number of clients tested for HepB	866,218	795571	-8%
Number of clients tested negative for HepB	770,614	712499	-8%
Number of clients tested positive for HepB	18,643	15401	-17%
Number of clients tested negative for HepB and Vaccinated - 1st Dose (New)	188,721	126227	-33%
Number of clients tested negative for HepB and Vaccinated - 2nd Dose (Revisit)	41,319	27050	-35%
Number of clients tested negative for HepB and Vaccinated - 3rd Dose (Revisit)	15,550	6598	-58%
Number of clients tested positive for HepB and enrolled into care and treatment	6,267	5978	-5%
Number of clients tested positive for HepB and not enrolled into care and treatment	4,776	3578	-25%
Number of Persons assessed for HepB treatment effective-ness (viral load suppression)	1,669	2010	20%
Number of Persons with HepB effective treatment (viral load suppression)	2,530	3447	36%
Number of Pregnant women tested for HepB	409,152	424941	4%
Number of Pregnant women tested positive for HepB	10,035	10008	0%
Number of Pregnant women tested positive for HepB and initiated on HepB treatment	2,597	2125	-18%

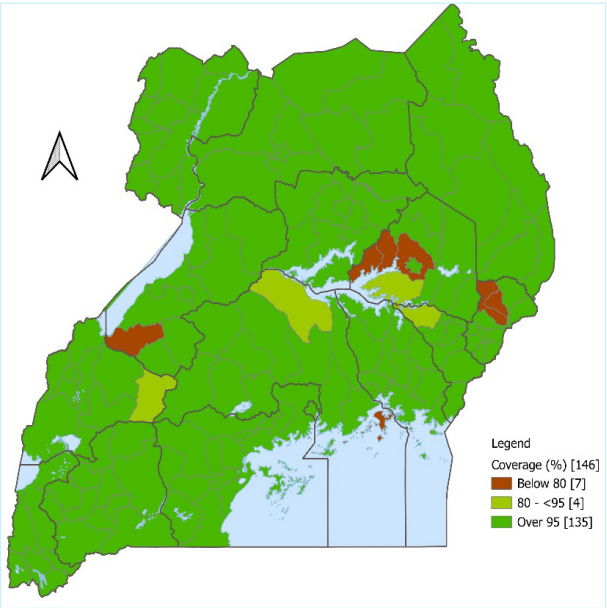
Proportion of livebirths vaccinated with Hepatitis B vaccine:

Hepatitis-B Birth dose vaccination coverage increased to 36% from FY 2023/2024 to 47% in FY 2024/2025. During the period, 83 LGs had coverage of less than 50%, 34 LGs had coverage between 50%-69% while 29 LGs had coverage of above 69%. The 10 LGs with the lowest HepB0 coverage include Masaka City (12%), Nakasongola (17%), Mpigi (18%), Sembabule (19%), Luuka (20%), Rakai (22%), Buikwe(23%), Kalaki (24%), Kyenjojo(24%), and Bukomansimbi (24%). Hepatitis B birth dose vaccination coverage has continued to perform poorly since the introduction of HepB birth dose into the routine immunization program in October 2022. The main reason for higher coverage during the year was the catchup immunization in November 2024.

Proportion of girls immunized against cervical cancer by 10 years:

The country switched from 2 doses to single dose of HPV during the FY 24/25. During this FY HPV vaccination coverage was 97% (*based on the WHO UNICEF estimates on National immunisation coverage*) above the target of 90% and this is attributed to the support to Big Catch Up where school health interventions were strengthened. Figure 15 shows the HPV Coverage for girls aged 10 years and above in FY2024/25.

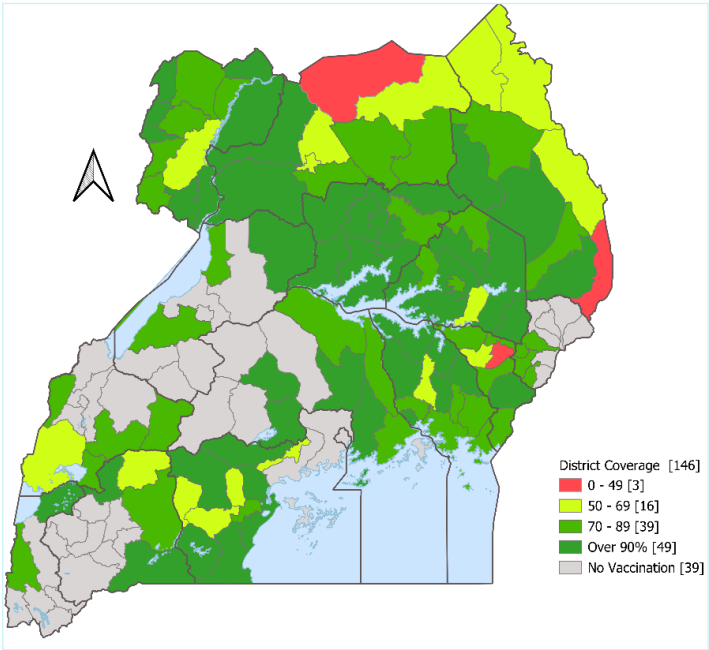
Figure 19: HPV Coverage for Girls aged 10 years FY 2024/2025



Malaria Vaccination was introduced in April 2025 in 107 districts with the highest burden of malaria across all the regions of Uganda targeting children aged between 6 and 11 months. By the end of the FY2024/25, the country had reached 96% of the target population with the first dose of the malaria vaccine.

The second dose malaria vaccine coverage was at 33% while dose 3 coverage was at 9%. Of the districts targeted, 49 had reached 90% of their respective targeted population. Three districts of Amudat, Budaka and Lamwo had achieved less than 50% coverage. Details in Figure 20.

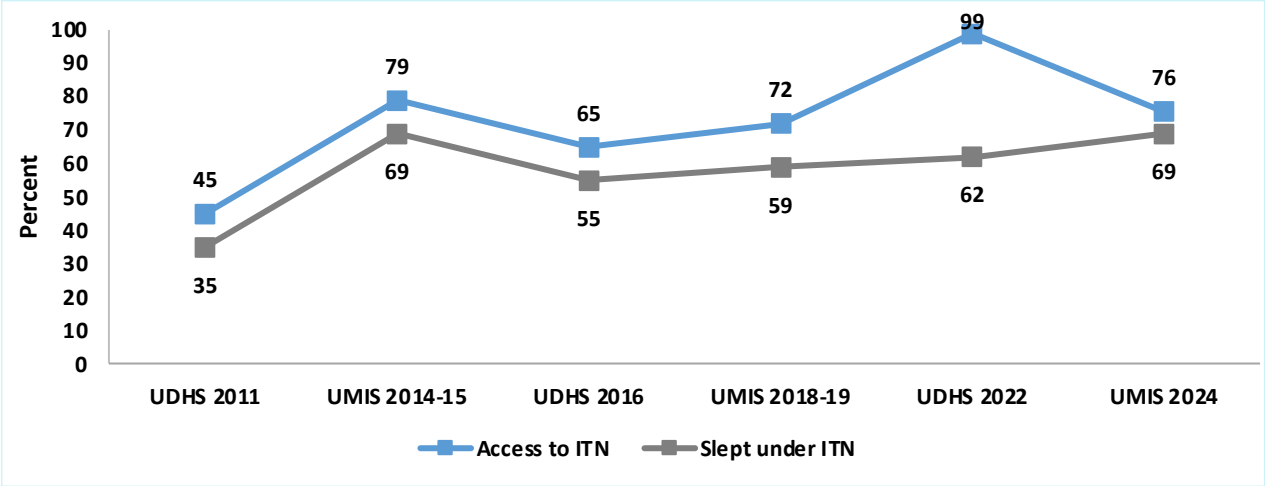
Figure 20: Malaria Vaccination Coverage FY 2024/25



Use of insecticide-treated bed nets for malaria prevention

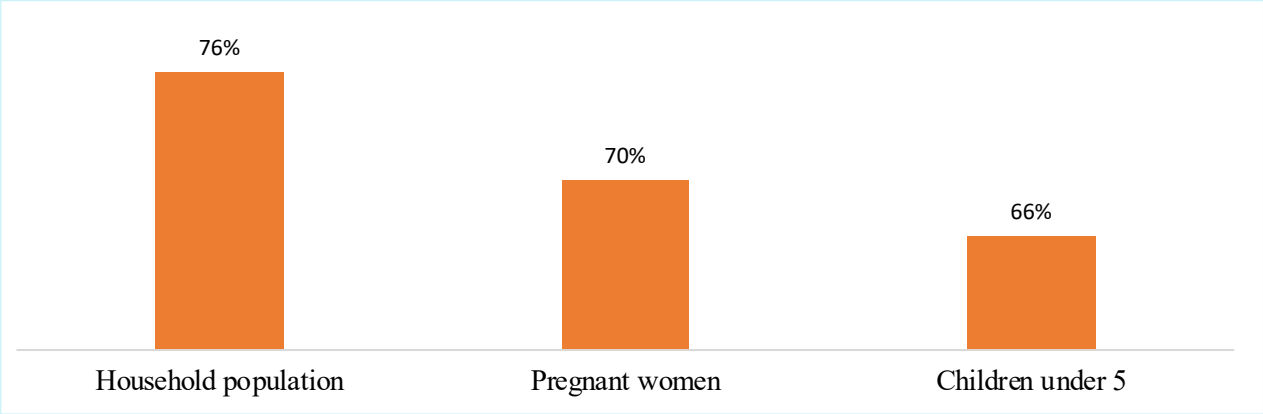
The proportion of the population with access to an ITN decreased from 99% in 2022 to 81% in 2024. (Figure 17). On the other hand, the proportion of population that slept under ITN increased from 62% in 2022 to 76% in 2024. The gap between ITN access and use decreased between 2022 and 2024.

Figure 21: Trends in ITN Access (One ITN Per Two People) and Use



66.4% of children under age 5 slept under an ITN the night before the survey **(Figure x)**. Similarly, 69.5% of pregnant women aged 15-49 slept under an ITN the night before the survey.

Figure 22: ITN use by Population Group

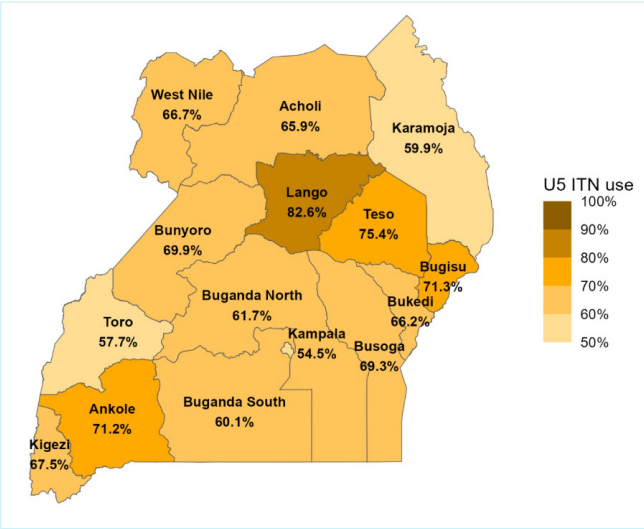


Source: Malaria Indicator Survey, 2024

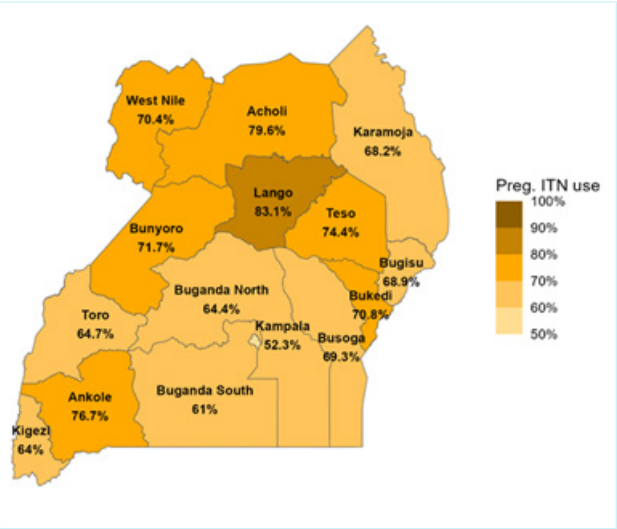
The use of an ITN the night before the survey among children under age 5 varies across regions from 57.7% in Tooro to 82.6% in Lango. Similarly, the proportion of pregnant women age 15-49 who slept under an ITN ranges from 64% in Kigezi region to 82.6% in Lango (Figures: 22 and 23)

Figure 23: ITN use by Children under 5 and Pregnant Women by Region

CHILDREN UNDER-5 YEARS



PREGNANT WOMEN



Seasonal Malaria Chemoprevention (SMC):

SMC was implemented in nine districts of Karamoja targeting children aged 3-59 months. The children administered five cycles of Sulfadoxine-Pyrimethamine (SP) and Amodiaquine (AQ) (SPAQ) during the peak malaria transmission season (May to September). Overall, a coverage of 101.7% was reached with 287,245 children over the target of 282,357.

Indoor Residual Spraying with Insecticide (IRS):

IRS was deployed in 20 districts using the organophosphate, Actellic. In Eastern Uganda, seven districts (Tororo, Bugiri, Butaleja, Namutumba, Butebo, Budaka, and Pallisa) were targeted. Spraying was done in February/March 2025, achieving a coverage of 94%, protecting a population of 2,991,117 in that round.

In West Nile and mid north, 13 districts (Adjumani, Arua, Koboko, Terego, Moyo, Maracha, Madi-Okollo, Obongi, and Zombo in West Nile, and Amolatar, Dokolo, Kaberamaido and Kalaki in mid north) were targeted. Spraying was done in November/December 2024 achieving a coverage of 95% protecting a population of 2,752,308.

HIV Prevention, Care and Treatment

A total of 1.5 million Ugandans is estimated to be living with HIV/AIDS virus. The Health Sub programme continues to focus on prevention of transmission as well as care and treatment for the affected population.

Elimination of Mother to Child Transmission: In FY2024/25 92.9% of the women attending ANC1 were tested for HIV and all those who tested positive were enrolled on ART for EMTCT. Of the women who enrolled on ART for EMTCT who had viral load tests done at 6 months, 94% achieved successful VL suppression. The ART retention rate at 12 months in pregnant and lactating women declined from 86% (2022/23–2023/24) to 72% in 2024/25.

Syphilis testing at ANC improved from 88% in FY 2023/24 to 95% in FY 2024/25, showing consistent strengthening of dual testing (HIV/syphilis) while Treatment initiation for syphilis-positive women remained stable, improving slightly from 78% to 83%, indicating moderate progress but still below optimal targets.

Out of the 70,295 HIV exposed babies that accessed DNA 1st PCR, 63,774 (91%) were tested within 8 weeks of birth. The proportion of HIV exposed infants that received a positive result was 1.1% (774/70,295).

HIV Positive Pregnant Women initiated on ARVs for EMTCT

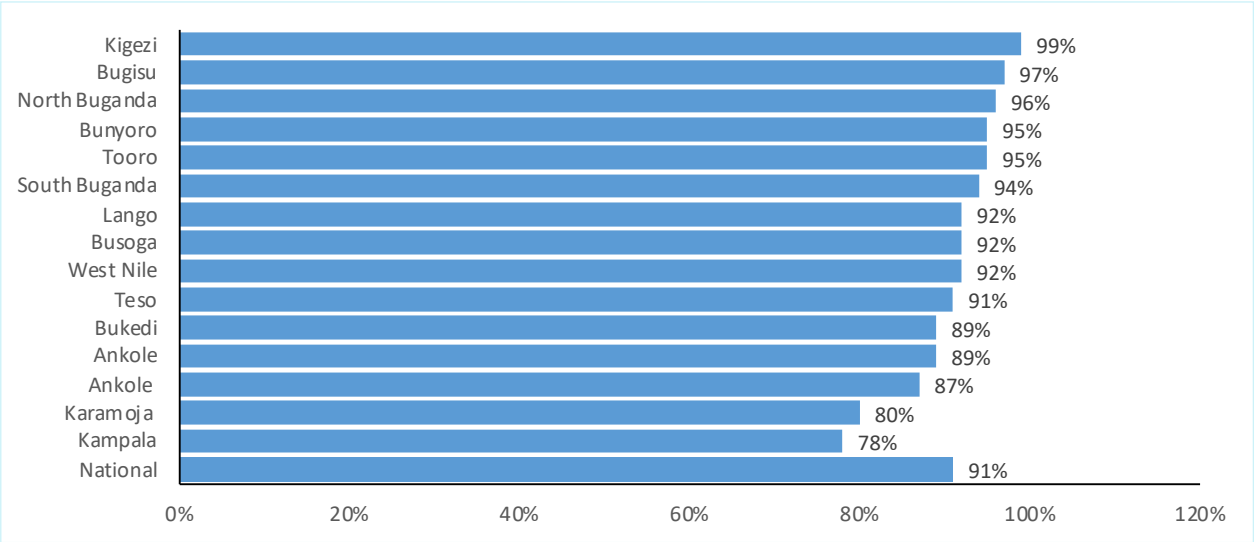
Table 35: PMTCT Performance for Selected Indicators

Indicator	Jul 2020 to Jun 2021		Jul 2021 to Jun 2022		Jul 2022 to Jun 2023		Jul 2023 to June 2024		Jul 2024 to June 2025	
	No.	%	No.	%	No.	%	No.	%	No.	%
Women attending 1st ANC	1,895,777	88%	1,908,854	86%	1,919,923	84%	2,016,004	88%	2,116,988	89%
Women tested for HIV	1,689,113	89%	1,677,430	88%	1,733,723	90%	1,967,215	98%	2,123,739	100%
Maternal ART Coverage for eMTCT	90,351	93%	86,306	101%	80,284	94%	79,672	95%	79,713	91%
Women on ART for eMTCT at the first ANC with a suppressed VL	26,815	100%	10,261	91%	16,030	92%	22,185	92%	27,103	94%
Pregnant women tested for syphilis for first time during this pregnancy	1,667,662	88%	1,601,439	84%	1,716,609	89%	1,894,215	94%	1,990,160	94%
Pregnant Women tested positive for syphilis for first time during this pregnancy – Started on Treatment	24,338	78%	21,087	78%	22,560	82%	22,677	83%	23,705	83%
Infant ART in Maternity	67,860	100%	50,242	84%	46,836	85%	48,926	88%	73,810	82%

Indicator	Jul 2020 to Jun 2021		Jul 2021 to Jun 2022		Jul 2022 to Jun 2023		Jul 2023 to June 2024		Jul 2024 to June 2025	
	No.	%	No.	%	No.	%	No.	%	No.	%
1st DNA/PCR within 2 Months	63,688	86%	66,295	90%	64,108	91%	65,518	91%	63,081	83%
Prophylactic Infant ART	75,972	95%	76,092	96%	79,508	101%	85,882	108	74,866	102%
HEIs Exclusively breastfed for 6 Months	50,977	64%	50,931	64%	52,478	67%	54,431	68%	51,417	70%
HEIs Breastfed for 12 Months	47,071	59%	42,376	53%	59,457	75%	45,528	57%	43,686	60%
Mothers Alive & on ART 12 months after starting ART (Last quarter of FY)	3,447	81%	2,993	84%	2,885	86%	2769	86%	10,135	72%

The ART coverage for HIV positive pregnant and lactating mothers was at 91% below the target of 95%. Kigezi (99%), Bugisu (97%), North Buganda (96%), Bunyoro (95%), and Tooro (95%), demonstrating exceptional performance in enrolling and retaining pregnant and lactating women on ART. Kampala (78%) and Karamoja (80%) with lowest performance indicates possible programmatic challenges: Possibly related to urban mobility and transient populations (Kampala) or nomadic lifestyles and access barriers (Karamoja). with possible implications for mother-to-child HIV transmission rates.

Figure 24: Maternal Art Coverage for EMTCT by Region for FY 2024/25



The proportion of HIV exposed infants with the first DNA/PCR test within 2 months of age

Figure 25: Figure 27: Regional Coverage of 1st DNA PCR Coverage within 2 months

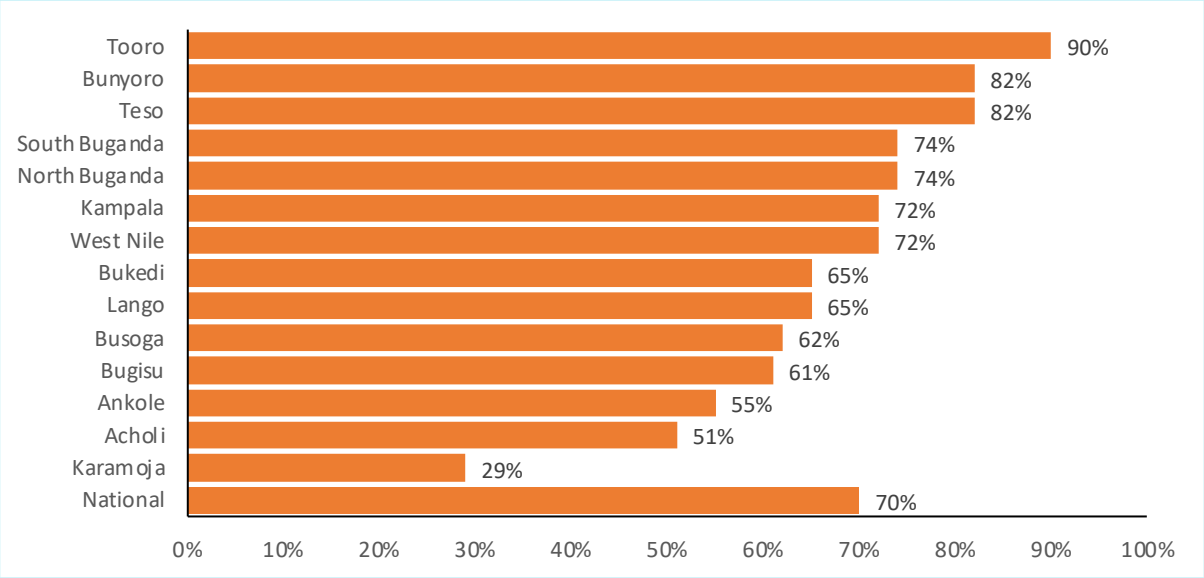
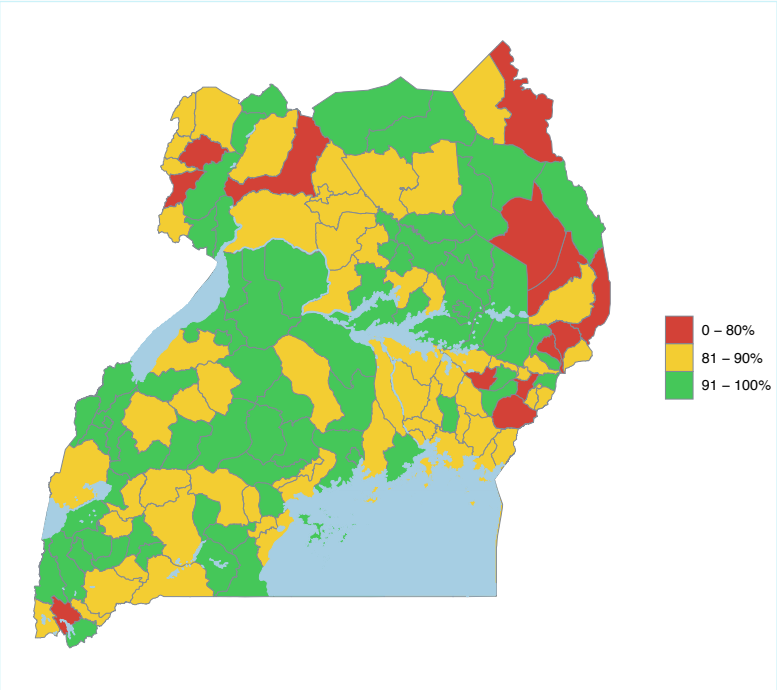


Figure 26: Map showing HIV Exposed Infants with the First DNA/PCR Test within 2 months of age FY 2024/25



ART Coverage based on service data was 93% in FY 2024/25 against a target of 95%. The 2024 Naomi Estimates provided an even lower estimate for at ART coverage of 85%. In this period, the sector continued with implementation of the test-and-treat policy, deployed efficient methods of service delivery like Differentiated Service Delivery models and ensured availability of ARVs in both the public and private health facilities. The regional ART coverage outputs are detailed in Figure 27.

Figure 27: ART Coverage by Region in FY 2024/25

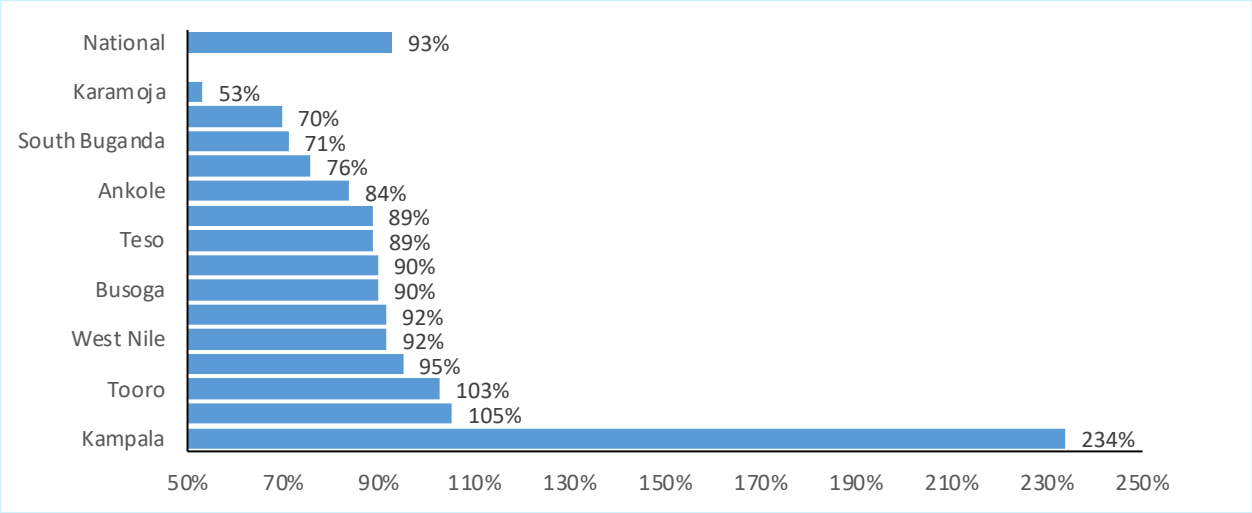


Table 36: Quarterly ART Coverage FY 2024/25 (Based on Spectrum Estimates)

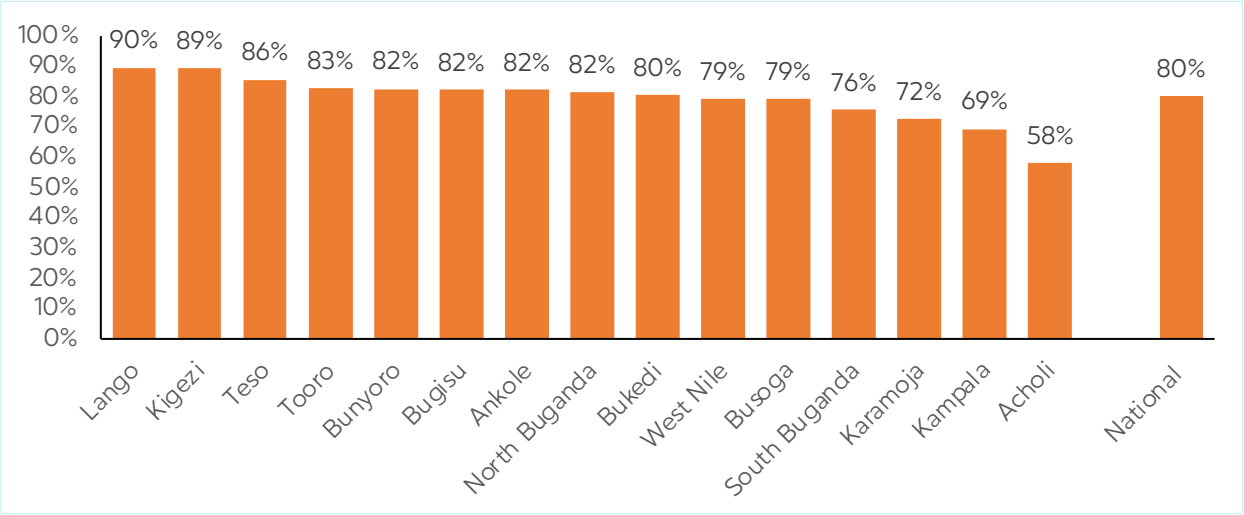
Reporting Period	Estimated PLHIVs	Current on ART	ART Coverage
Jul to Sep 2024	1,492,410	1,459,942	97.8%
Oct to Dec 2024	1,492,410	1,462,358	98.0%
Jan to Mar 2025	1,527,238	1,439,963	94.3%
Apr to Jun 2025	1,527,238	1,417,232	92.8%

ART retention rate at 12 months decreased from 82.3% by end of FY 2023/24 to 80% by end of FY 2024/25. Only 13 (12%) out of 147 LGs achieved the target of 95%.

Table 37: Top and Bottom Ten Ranking LGS in ART Retention FY 2024/25

Rank	Top Five (5) LGs	% Retention	Rank	Bottom Five (5) LGs	% Retention
1	Buhweju District	100%	1	Napak District	50%
2	Kapelebyong District	100%	2	Gulu City	60%
3	Karenga District	100%	3	Butaleja District	62%
4	Kotido District	100%	4	Moyo District	64%
5	Rubirizi District	100%	5	Nakasongola District	66%

Figure 28: ART Retention Rate at 12 months by Region in FY 2024/25



ART Viral Load (VL) testing Coverage among all People Living with HIV and AIDS (PLHIV) on treatment has dropped from 96% in FY 2024/25 to 89% in FY 2024/25. The target for 95% viral coverage was not achieved in the reporting period as this was greatly contributed to by the stop work order (SWO) effect. Viral load coverage was lowest in the male adults 20+ with an overall output of 78%.

ART Viral Load (VL) Suppression Rate among all PLHAs on treatment has dropped from 96% in FY 2024/25 to 95% in FY 2024/25. The target of 95% viral suppression rate was achieved in the reporting period. Viral suppression was lower among children 0-9 years (89%), adolescents 10-19 years (90%); and males (94%) all below the 95% set target. The regional and local government Viral load coverage and suppression rates outputs are detailed in Figure 29, Table 38 and Figure 30.

Figure 29: Viral Load Suppression Rates by Region in FY 2024/25

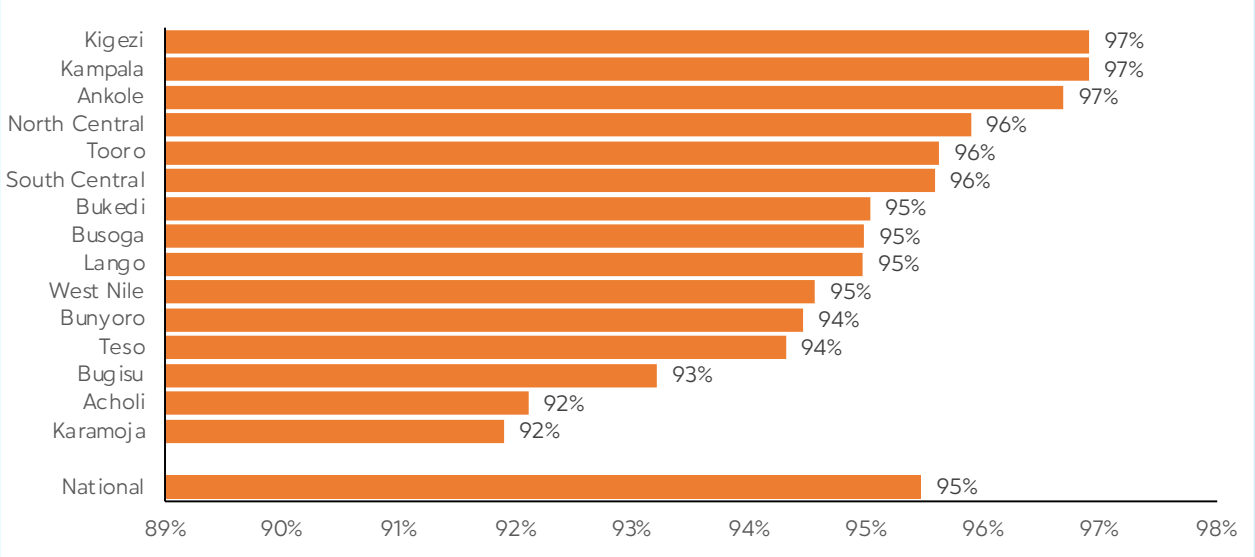


Table 38: FY2024/25 Local Government Performance Ranking Viral Load Testing Coverage Rates

Rank	Region	Top Ten (10) LG	% VL Coverage	Rank Position	Region	BOTTOM TEN (10) LG	% VL Coverage
1	Tooro	Fort Portal City	100%	138	Karamoja	Abim	64%
2	North Buganda	Kassanda	100%	139	Karamoja	Nakapiripirit	64%
3	South Buganda	Butambala	100%	140	Karamoja	Moroto	62%
4	Lango	Kole	100%	141	Karamoja	Kaabong	62%
5	South Buganda	Mpigi	100%	142	Acholi	Agago	61%
6	Lango	Otuke	100%	143	Karamoja	Kotido	52%
7	Teso	Amuria	100%	144	Ankole	Mbarara	48%
8	North Buganda	Mubende	100%	145	Karamoja	Nabilatuk	48%
9	South Buganda	Gomba	99%	146	Karamoja	Amudat	38%
10	South Buganda	Rakai	99%	147	Karamoja	Karenga	36%

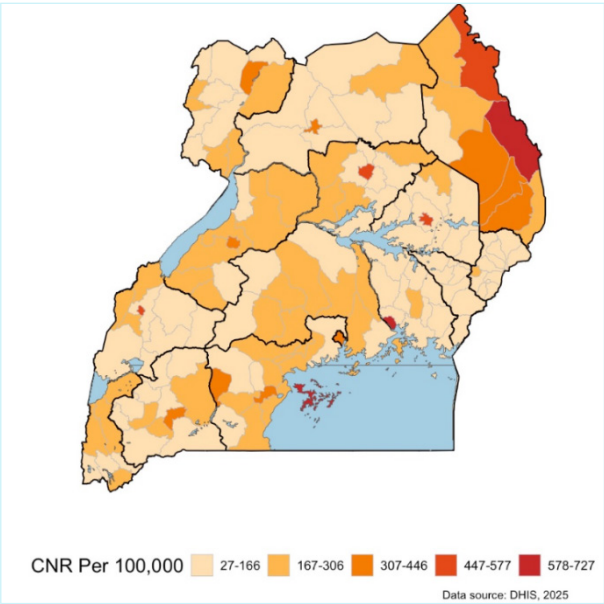
Figure 30: FY2024/25 Local Government Performance Ranking Viral Load Suppression Rates

Rank Position	Region	TOP TEN (10) LG	% VL Suppression	Rank Position	Region	BOTTOM TEN (10) LG	% VL Suppression
1	Karamoja	Kaabong	99%	138	Acholi	Agago	90%
2	Ankole	Mbarara	98%	139	Acholi	Gulu	89%
3	Ankole	Bushenyi	98%	140	Karamoja	Nakapiripirit	89%

Rank Position	Region	TOP TEN (10) LG	% VL Suppression	Rank Position	Region	BOTTOM TEN (10) LG	% VL Suppression
4	Kigezi	Rukungiri	98%	141	Karamoja	Napak	89%
5	North Buganda	Mubende	97%	142	Bugisu	Mbale	89%
6	Ankole	Mbarara City	97%	143	Bugisu	Kween	89%
7	South Buganda	Masaka City	97%	144	Acholi	Pader	88%
8	Tooro	Ntoroko	97%	145	Karamoja	Nabilatuk	86%
9	Ankole	Sheema	97%	146	Bugisu	Bukwo	85%
10	Kigezi	Kabale	97%	147	Karamoja	Karenga	82%

The TB Case Notification reduced from 185/100000 in FY2023/24 to 176/100000 in FY 2024/25. TB case finding realized 82,771 (92%) TB cases notified against 90,007 expected cases. In FY there was sustained TB CAST+ campaign, coupled with the deployment of mobile TB clinics and community screening with portable X-ray units, improvement in diagnostic access.

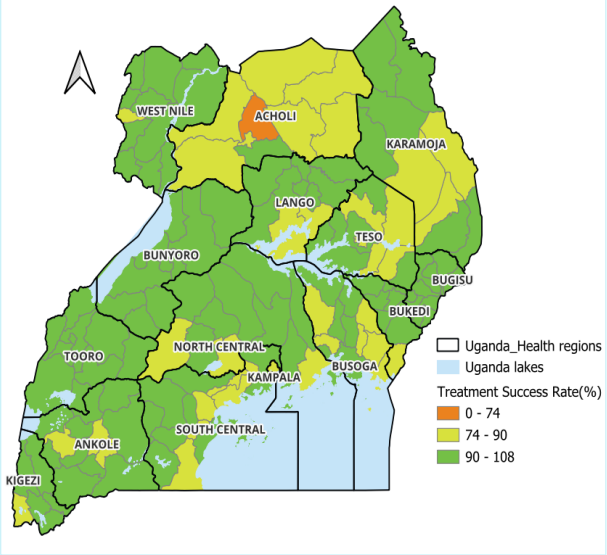
Figure 31: Map Showing TB Case Notification Rate by LG in FY 2024/25



Karamoja reported the highest levels of TB notification by region. We observe similar patterns in local governments across the country (Darker reds), with Moroto district reporting the highest levels of TB notification at 718/100,000, followed by Jinja City at 665, and Kalangala 596 highest district.

TB Treatment Outcomes as measured by TB treatment success rate (TSR) declined slightly from 92.8% in FY23/24 to 92.5% in FY 2024/25. TB treatment success rate remains higher than the national target of 90%. We observe regional variation in the TB treatment success rate, with West Nile, Bunyoro, and Bugisu regions (above 94%) and Acholi region recording the lowest TSR at 86.5%.

Figure 32: TB Treatment Success Rate for all DS-TB Cases, FY2024/25



Drug-Resistant TB

A total of 841 DR-TB patients were reported in FY 2024/25 compared to 792 in FY 2023/24. The increase in number of cases is largely attributed to improved drug susceptibility testing for rifampicin.

Table 39: Percentage of Expected DR-TB Notified and Started on Treatment by Region, FY2024/25

Regions	RR/MDR TB Case Detection Rate				DR TB site	No. MDR-TB that began Second-Line Treatment			
	Jul-Sep24	Oct-Dec 24	Jan - Mar 25	Apr - Jun 25		Jul-Sep24	Oct-Dec 24	Jan - Mar 25	Apr - Jun 25
Acholi	92.3%	115%	107.7%	85%	Gulu RRH	9	15	6	4
Ankole	52.2%	35%	13.0%	22%	Kitgum GH	4	3	3	0
Bugisu	69.2%	31%	46.2%	31%	Mbarara RRH	12	8	7	4
Bukedi	20.8%	4%	16.7%	21%	Mbale RRH	10	7	8	8
Bunyoro	58.3%	38%	37.5%	17%	Tororo GH	4	0	2	
Busoga	72.0%	100%	108.0%	104%	Hoima RRH	11	8	6	7
Kampala	83.3%	46%	83.3%	121%	Jinja RRH	20	23	39	23
Karamoja	112.5%	113%	87.5%	231%	Iganga GH	9	7	9	13
Kigezi	87.5%	38%	62.5%	100%	Murchison Bay GH	4	0	4	4
Lango	55.0%	45%	60.0%	35%	Mulago NRH	32	30	27	34
North Buganda	62.5%	47%	37.5%	109%	Moroto RRH	14	2	10	12
South Buganda	105.7%	54%	28.6%	37%	St. Kizito Matany	25	16	20	35
Teso	60.0%	50%	40.0%	30%	Kabale RRH	7	4	5	5
Tooro	40.0%	90%	10.0%	70%	Lira RRH	18	10	13	16
West Nile	32.0%	24%	36.0%	56%	Apac GH	1	3	3	1
					Mubende RRRH	3	12	9	6
					Kayunga RRH	2	2	5	1
					Masaka RRH	12	10	4	4
					Soroti RRH	6	5	2	6
					Fort Portal RRH	7	15	0	7
					Arua RRH	14	13	12	21
					Yumbe RRH	0	5	6	8

DR-TB Treatment Success Rate (TSR)

The TSR for the completed DR-TB cohort of 2022 improved to 89.3% (Table 33), compared to 88% for the completed cohort of 2021. Good TSR for DR-TB was observed among children at 98%, the 9-11 months regimen 90% and individualized regimen at 86%. TSR was lowest among malnourished patients at 82% followed by HIV/DR-TB co-infected at 85%. A new 6-months regimen was introduced for treatment of DR-TB patients in FY 2024/25, 58% of the DR-TB patients had been enrolled on the new regimen.

Table 40: DR-TB Treatment Outcomes

DTU	Completed	%TSR	Died	%Died	Lost to follow up	%LFT-uP	Grand Total
Arua Regional Referral Hospital	52	85.2%	7	11.5%	2	3.3%	61
Fort Portal Regional Referral Hospital	36	90.0%	4	10.0%		0.0%	40
Gulu Regional Referral Hospital	16	100.0%		0.0%		0.0%	16
Hoima Regional Referral Hospital	40	90.9%	3	6.8%	1	2.3%	44
Iganga General Hospital	31	100.0%		0.0%		0.0%	31
Jinja Regional Referral Hospital	43	95.6%	1	2.2%	1	2.2%	45
Kabale Regional Referral Hospital	19	86.4%	3	13.6%		0.0%	22
Kitgum General Hospital	28	87.5%	3	9.4%	1	3.1%	32
Lira Regional Referral Hospital	70	83.3%	10	11.9%	4	4.8%	84
Masaka Regional Referral Hospital	27	84.4%	3	9.4%	2	6.3%	32

DTU	Completed	%TSR	Died	%Died	Lost to follow up	%LFT-uP	Grand Total
Mbale Regional Referral Hospital	73	94.8%	2	2.6%	2	2.6%	77
Mbarara Regional Referral Hospital	32	91.4%	3	8.6%		0.0%	35
Moroto Regional Referral Hospital	36	92.3%	2	5.1%	1	2.6%	39
Mubende Regional Referral Hospital	11	91.7%	1	8.3%		0.0%	12
Mulago NRH - Ward 5&6(TB Ward)	106	86.9%	8	6.6%	8	6.6%	122
Murchison Bay Main Hospital	1	100.0%		0.0%		0.0%	1
Soroti Regional Referral Hospital	22	91.7%	1	4.2%	1	4.2%	24
St. Kizito Matany Hospital	33	82.5%	5	12.5%	2	5.0%	40
Grand Total	**676**	**89.3%**	**56**	**7.4%**	**25**	**3.3%**	**757**

Leprosy Notification and Treatment

Overall, there was a reduction in the number of leprosy cases notified from 315 in FY 2023/24 to 23973 in FY 2024/25, with more females (59%) being reported. There was also a decrease in the proportion of child leprosy cases, from 15% in FY 2023/24 to 140% in FY 2024/25. West Nile region has consistently reported the highest number of new leprosy cases, accounting for over 731% (19970 cases) in FY 2024/25. Of all new notified leprosy cases, 14% were among children. Of these, 18% presented with grade-2 disability at diagnosis, both below the national targets (<3% and <5% respectively). The treatment success rate for leprosy increased from 93.5% in FY 2022/23 to 95.4% in FY 2024/25.

Table 41: Number of New Leprosy Cases by Region

Regions	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Acholi	2	13	24	6	2
Ankole	2	0	1	0	1
Bugisu	4	0	4	1	98
Bukedi	7	7	7	4	10
Bunyoro	14	6	28	9	2
Busoga	5	5	12	2	8
Kampala	1	2	5	0	0
Karamoja	4	3	2	4	1
Kigezi	0	3	0	0	0
-Lango	23	18	15	10	17
North Buganda	4	13	8	3	2
South Buganda	6	5	4	8	54
Teso	2	7	8	5	108
Tooro	12	24	27	11	76
West Nile	223	371	344	244	19970
Total	381	483	491	315	27339

Zoonotic disease detected and managed timely:

Uganda recorded several disease outbreaks and other PHEs that were responded to within the financial year. Outbreaks included Ebola Virus disease, Congo Crimean Hemorrhagic Fever, Yellow fever, Zika Virus, Rift Valley Fever, Anthrax, Measles, Rabies, Covid-19 and Cholera. Several other public health emergency incidents that were detected and responded to included food poisoning and floods as shown in the Figure 33.

Figure 33: Distribution of PHES across Uganda FY 2023/2024

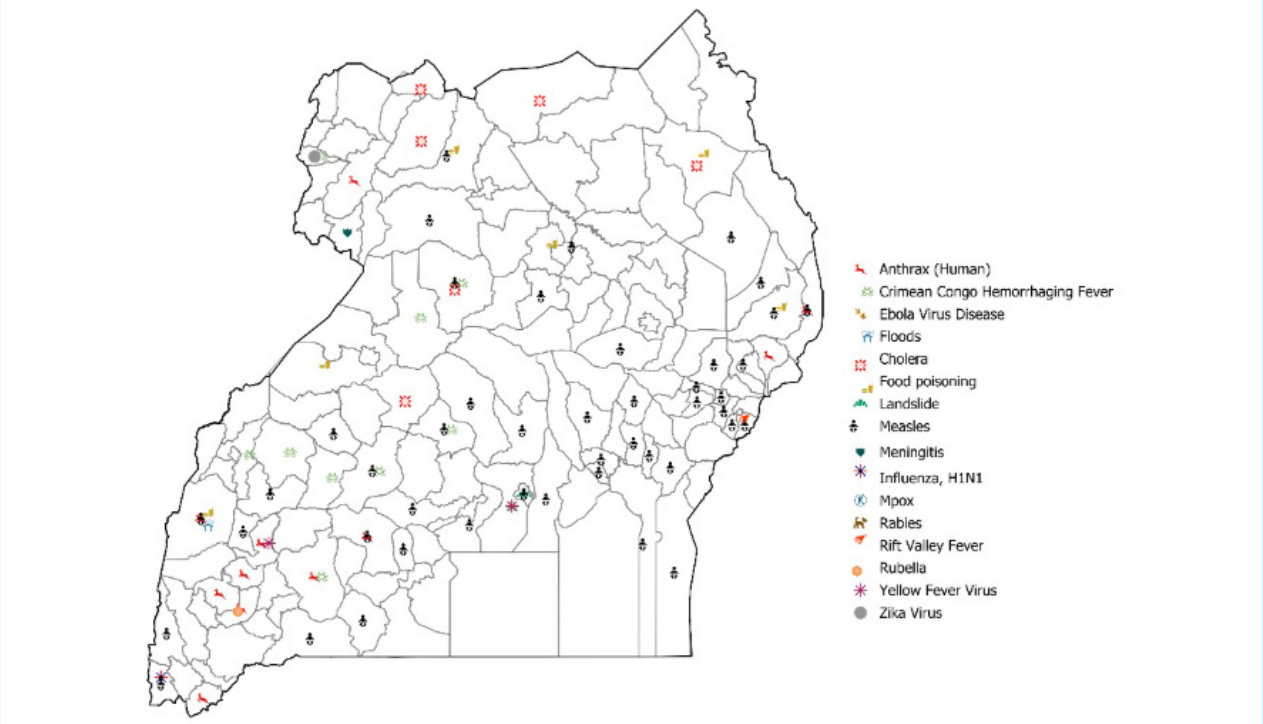


Figure 34: Number of Confirmed Outbreaks

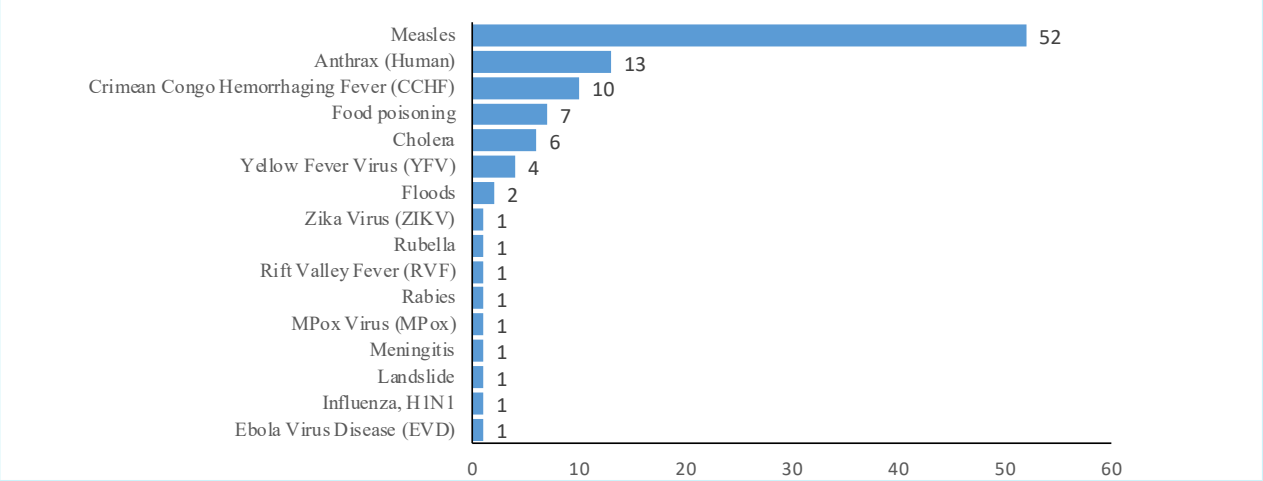


Table 42: Cases of Public Health Emergencies (PHES) Diagnosed FY24/25

Public Health Emergency	Confirmed Cases	Deaths	Crude Fatality Rate (CFR) (%)
Anthrax	72	17	24%
Cholera	93	3	3%
Crimean Congo Hemorrhaging Fever (CCHF)	10	4	40%
Ebola Virus Diseases (EVD)	12	4	33%
Floods	–	31	
Food Poisoning	27	13	48%
Influenza, H1N1	4	–	0%
Landslide	328	35	11%
Measles	292	11	4%
Meningitis	8	3	38%
MPOx Virus	7,582	46	1%

Public Health Emergency	Confirmed Cases	Deaths	Crude Fatality Rate (CFR) (%)
Rabies	-	4	
Rift Valley Fever (RVF)	1	1	100%
Rubella	4	-	0%
Yellow Fever Virus (YFV)	25	-	0%
Zika Virus (ZIKV)	1	-	0%
Total	8,459	172	2%

Between July 2024 and June 2025, Uganda recorded public health emergencies for 16 disease conditions with a total of 8,459 confirmed cases with 172 deaths (CFR = 2%). MPox contributed the largest case burden (7,582; CFR = 1%), while food poisoning (CFR = 48%), CCHF (40%), EVD (33%), and anthrax (24%) showed the highest fatality rates.

Although rare, Rift Valley Fever recorded 100% CFR, and environmental events like landslides and floods caused notable mortality.

Table 43: Distribution of Confirmed Public Health Emergency Events in Uganda by Months

Emergency	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Anthrax (Human)	2	1		1	2	1		1	4	1		
Cholera					1		1	1		1		2
Crimean Congo Hemorrhaging Fever (CCHF)	2		1	1	1	2		1	1		1	
Ebola Virus Disease (EVD)							1					
Floods			1	1								
Food poisoning	2	1	1			2						1
Influenza, H1N1									1			
Landslide		1										
Measles	8	2	5	3	4	5	5	9	6	2	2	1
Meningitis							1					
MPox Virus (MPox)	1											
Rabies				1								
Rift Valley Fever (RVF)											1	
Rubella								1				
Yellow Fever Virus (YFV)	2			1					1			
Zika Virus (ZIKV)	1											

The heat map visualizes the monthly distribution of confirmed Priority Public Health Emergencies in Uganda between July 2024 and May 2025. For VHFs, cases were reported for Crimean-Congo Hemorrhagic Fever, Ebola Sudan Virus, Zika Virus, Yellow Fever Virus, and Rift Valley Fever, though activity was sporadic, with most months showing no confirmed cases.

For Other Priority PHEs, a several events were captured, including Anthrax, Food Poisoning, Cholera, Bacterial Meningitis, Measles, and Flood-related incidents. The heat map provides a quick comparative overview of which PHEs were most active and when, guiding prioritization of response efforts and preparedness planning.

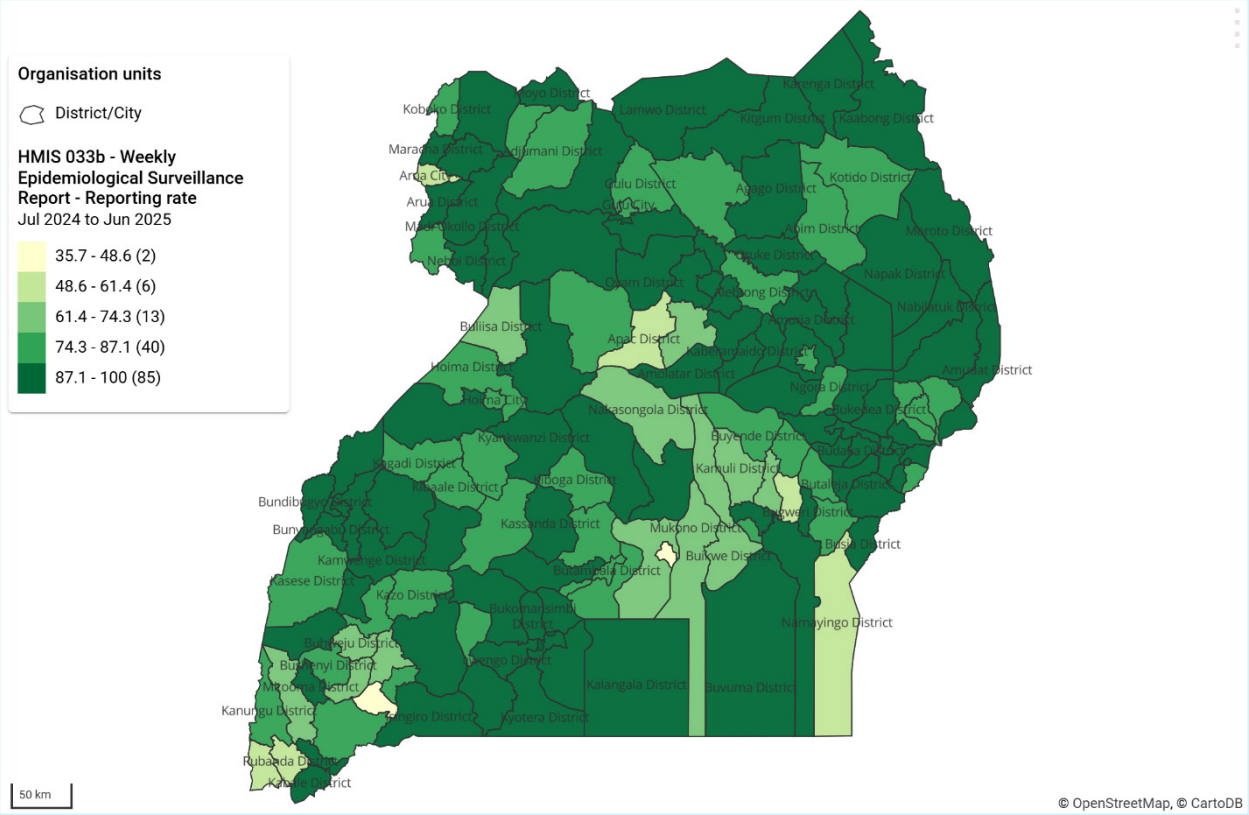
Weekly Surveillance Reporting Rates

The National average Weekly Surveillance reporting rates FY: 2024/2025 was at 75.9% compared to 81.4% in FY: 2023/2024 and this reduction in the reporting rates was caused by

the mTrac SMS system challenges that occurred during the reporting period. 76% (111/146) of the districts met the National target of 80% reporting rate while 23.9% (35/146) of the districts were below the National target.

Kampala had the lowest reporting rate of 35.7% followed by Rwampara 45.1%, Kisoro 52.8%, Namayingo 54.7% and Iganga 54.9% as shown in Figure 35.

Figure 35: Map Showing Weekly Surveillance Reporting Rates by LGS in FY 2024/25



During FY 24/25, 56 out of 61 districts achieved the target of eliminating blinding trachoma. Progress is still at 91%. The districts of Amudat, Moroto, Nabilatuk, Nakapiripirit and Buliisa await Transmission impact surveys following completion of adequate Mass Drug Administration (MDA) rounds which would guide on whether to have repeat MDA or will have achieved elimination. There is ongoing cross border surveillance for Trachoma with Turkana community.

Tobacco Non-Smoking Rate

During the period under review, the reported level of tobacco use among clients attending OPD was 0.32% down from 0.35% the previous year. Reported tobacco exposure reduced slightly from 0.6% in FY 2023/24 to 0.59% in FY 2024/25.

Table 44: Reported Tobacco Use and Tobacco Exposure by Clients Attending OPD

FY	OPD Attendance	Tobacco Use	% Tobacco Use (OPD)	Change in Tobacco Use	Tobacco Exposure	% Exposure (OPD)	Change in Tobacco Exposure
FY 2020/21	46,723,443	201,862	0.43%		351,388	0.75%	
FY 2021/22	44,577,830	181,396	0.41%	-10%	330,063	0.74%	-6%
FY 2022/23	46,261,118	170,402	0.37%	-6%	250,382	0.54%	-24%
FY 2023/24	45,427,970	159,408	0.35%	-6%	274,835	0.60%	10%
FY 2024/25	48,803,398	158,608	0.32%	-1%	289,628	0.59%	5%

IPTp3 Coverage for Pregnant Women

Figure 36: Map showing IPTP3 coverage by LG in FY 2024/25

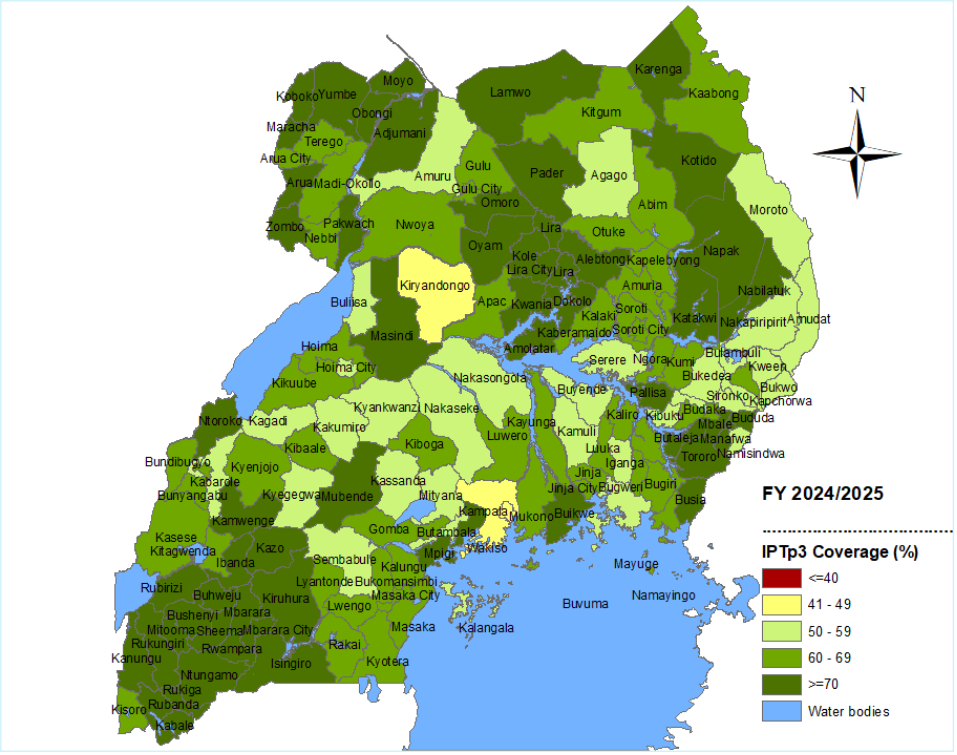
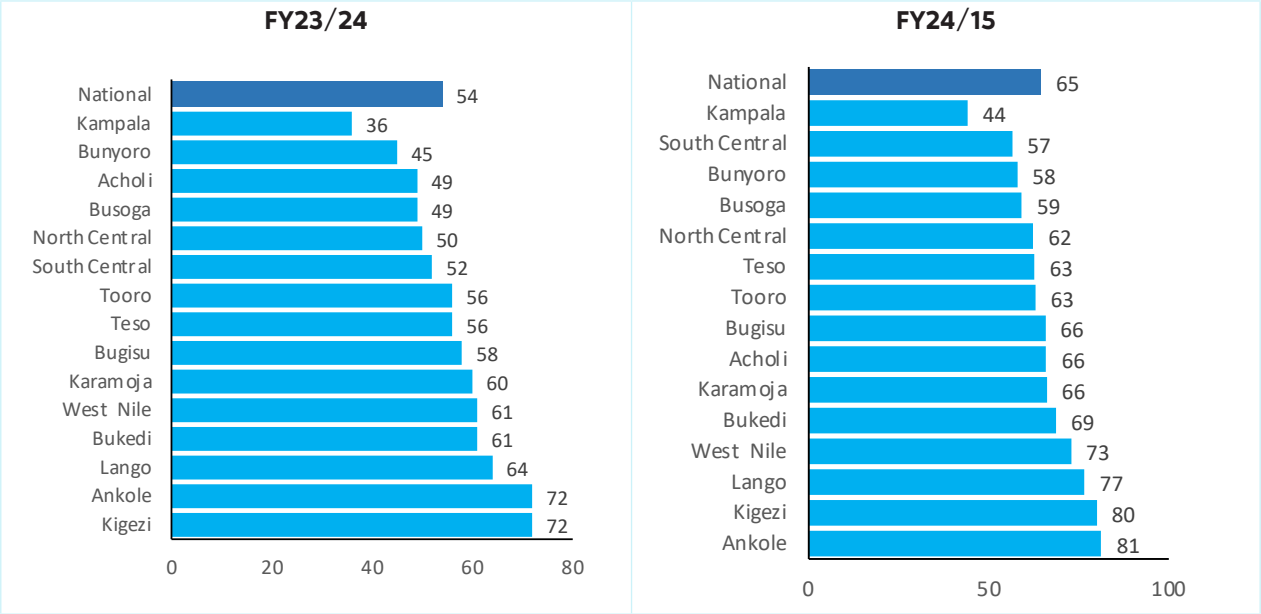


Figure 37: Regional Variation in the Coverage of IPTP3 in the last two FY



In Uganda, 87% of women with a live birth in the 2 years before the survey reported taking two or more doses of SP/Fansidar during their last pregnancy and 73% reported taking three or more doses (Figure 36). Trends: The proportion of women with a live birth in the 2 years before the survey who took three or more doses of SP/Fansidar during their last pregnancy increased from 10% in 2011 to 28% in 2014–15, then decreased to 17% in 2016 and increased again to 41% in 2018–19, and 73% in 2024.

Figure 38: Trends in IPTP3+

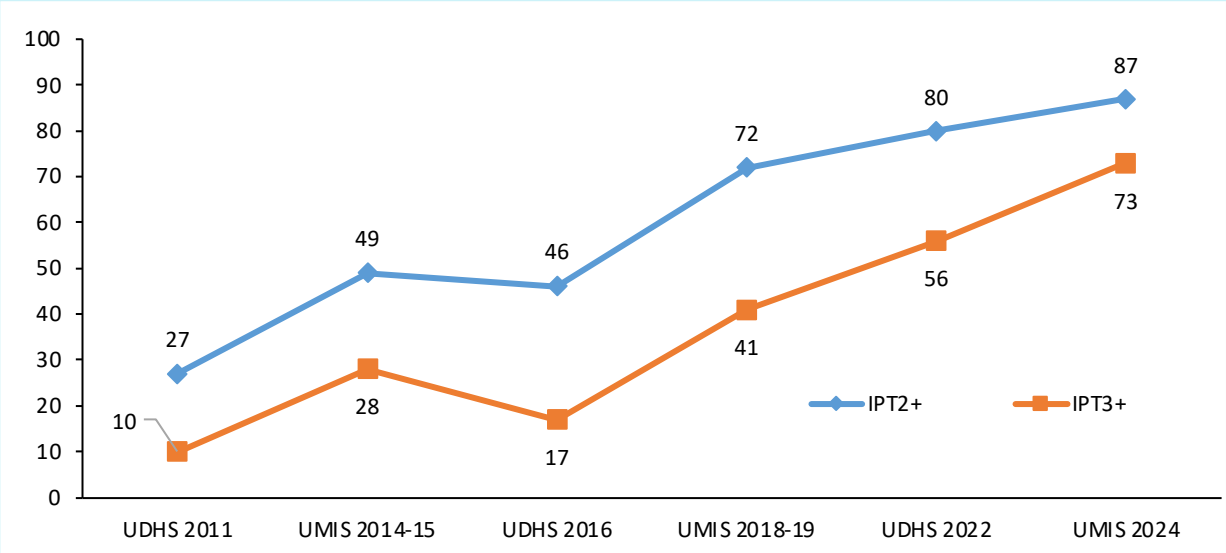


Table 45: IPTP3 coverage for Top 10 and Bottom 10 LGs

Bottom 10 LGs			Top 10 LGs		
#	District	%	#	District	%
1	Kampala	44.1	1	Obongi	85.3
2	Wakiso	47.1	2	Oyam	87.6
3	Kiryandongo	48.6	3	Kabale	88.1
4	Kassanda	50.3	4	Mbarara	90.6
5	Kagadi	50.9	5	Nabilatuk	91.3
6	Namisindwa	51.3	6	Sheema	92.6
7	Kakumiro	51.3	7	Rubanda	96.4
8	Kween	51.7	8	Mitooma	97.3
9	Iganga	51.8	9	Kazo	99.3
10	Buliisa	51.9	10	Kiruhura	99.3

Anaemia Screening at First Prenatal Visit

Anaemia screening at first prenatal visit increased to 28% in FY 2024/25 from 22% in FY 2023/24, though performance remains below the national target of 65%. The low performance is primarily linked to insufficient laboratory supplies for haemoglobin estimation across health facility levels. Of those screened, 57,417 pregnant women (9%) were found anaemic with implication for supporting safe pregnancies and positive birth outcomes.

Antenatal Care 4th Visit Coverage

Antenatal Care 4th Visit coverage increased to 56% in FY 2024/25 from the 49.1% in FY 2023/24. Among the LGs, those with the highest coverage for ANC 4th visit were Kiruhura (115%), Lira City (106%), Mbale District (83%), Kazo (83%), and Mbale City (82%). The lowest coverage rates were recorded in Wakiso (30%), Kisoro (31%), Butambala (32%), Karenga (33%), and Buvuma (36%). First trimester ANC attendance rose from 37% in FY 2023/24 to 40% in FY 2024/25, a 3-point increase.

Figure 39: Trends in Early ANC Attendance & 4th ANC Visits

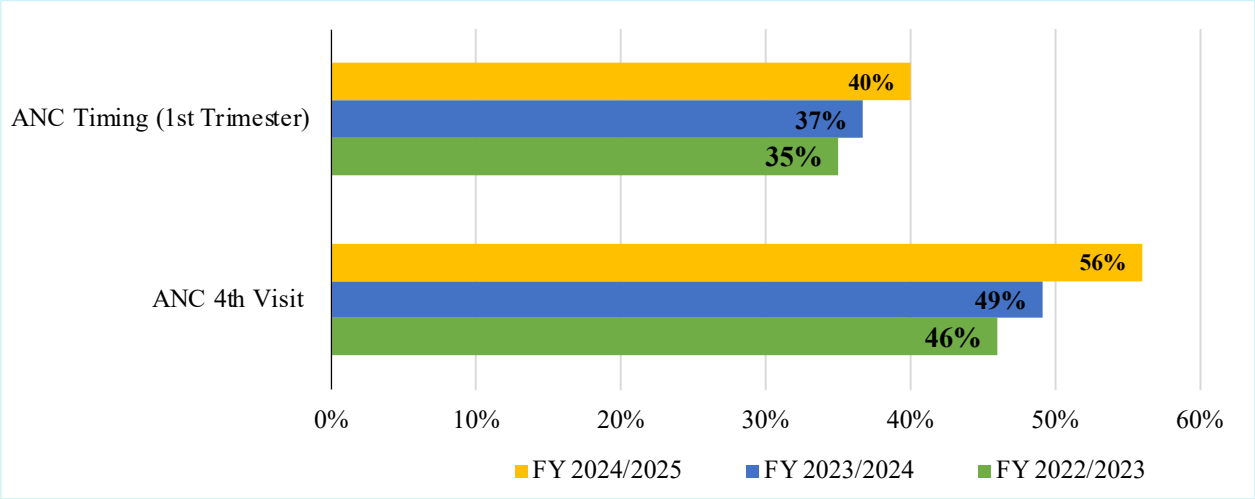
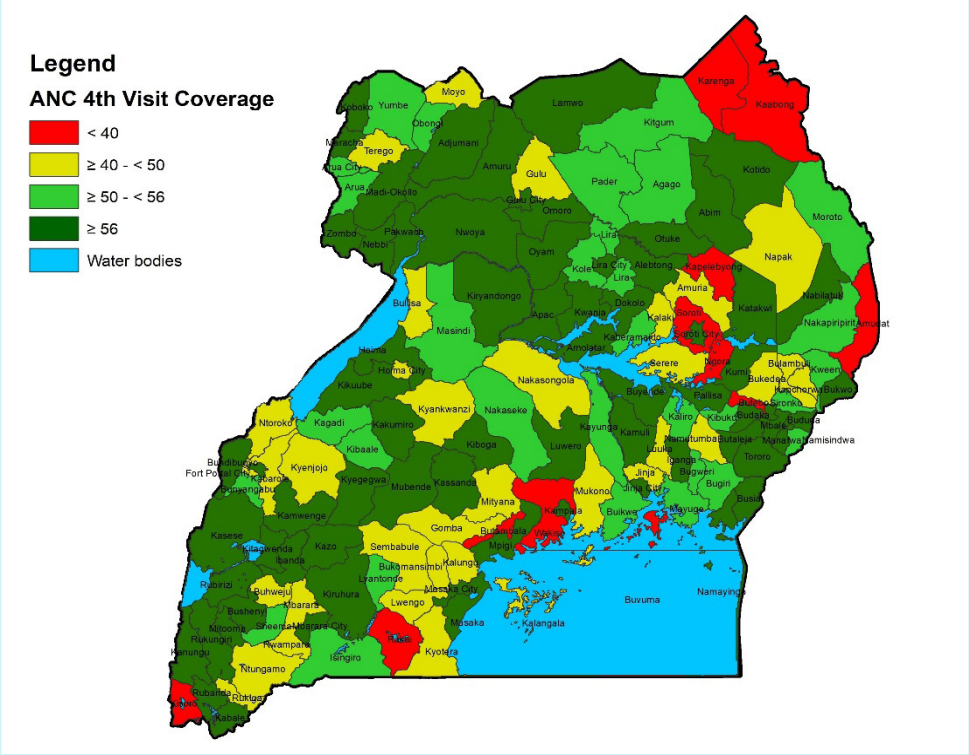


Figure 40: Map Showing ANC4 Visit Coverage by LG in FY 2024/25



The highest coverage for the 4th ANC visit was reported in Kiruhura (115.5%), Lira City (105.8%), Bududa (89.8%), Kazo (82.5%), and Mbale (82.5%). The lowest coverage was reported in Butambala (32.4%), Butebo (32.1%), Kisoro (30.8%), Wakiso (30.4%), and Amudat (27.6%).

The proportion of Pregnant Women delivering at Health Facility Deliveries

The highest proportions of health facility deliveries were recorded in Fort Portal City (143.8%), Gulu City (142.4%), Hoima City (133.1%), Mbarara City (122.0%), and Butambala District (112.9%).

The lowest proportions were reported in Kabarole (41.6%), Amudat (39.8%), Kalangala (39.1%), Wakiso (37.7%), and Luuka (35.4%).

The high facility deliveries in Butambala are mainly due to the location of Gombe Hospital, which serves patients from neighboring districts without a general hospital. Most referrals come from Gomba, Mityana, and parts of Wakiso.

Figure 41: Map Showing the % of Health Facility Deliveries by LG in FY 2024/25

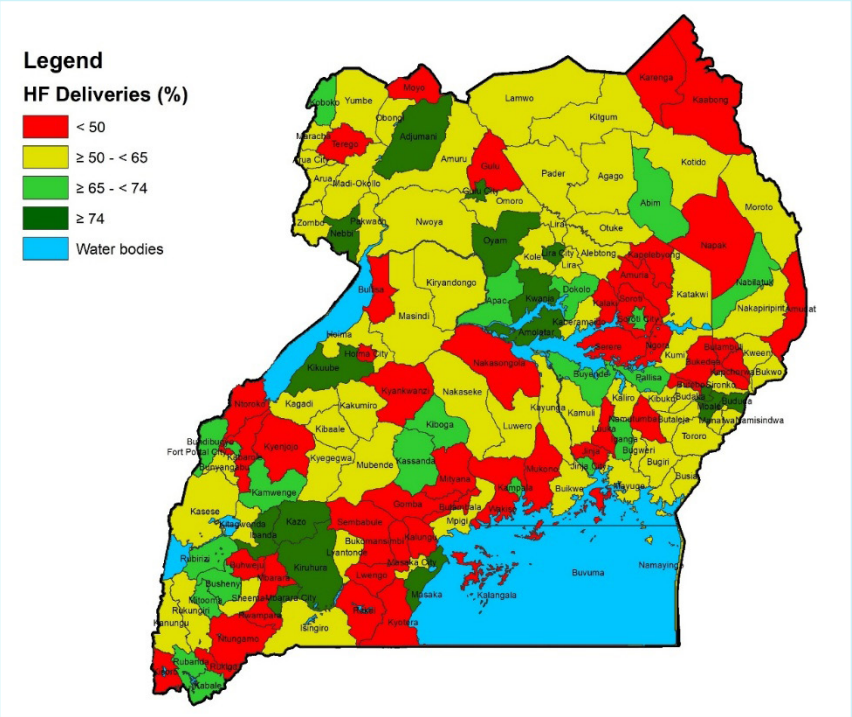


Table 46: Trends in Health Facility Deliveries by Health Facility Level

Level	FY 2022/23		FY 2023/24		FY 2024/25	
	Number	%	Number	%	Number	%
Referral and Large PNFPs	115,694	8	133,416	9	120306	8%
General Hospitals	234,267	17	233,593	16	263,367	17%
HC IVs	287,647	20	311,872	21	350,523	22%
HC IIIs	646,632	46	672,747	45	724,294	46%
HC IIs & Clinics	128,616	9	127,371	9	128218	8%
Total	**1,412,855**	**100**	**1,478,999**	**100**	**1,586,708**	**100%**

The proportion of HC IVs providing CeMNOC (C/S and blood transfusion) increased by 18.1% to 78% (221/284), and the proportion of HC IVs conducting C/S was 86% (243/284) in FY 2024/25 compared to 84% (227/271) in FY 2023/24. Overall, there is an increase in the number of HC IVs reporting.

Figure 42: Trends for HC IV's Performing C/S and those providing Blood Transfusion Services

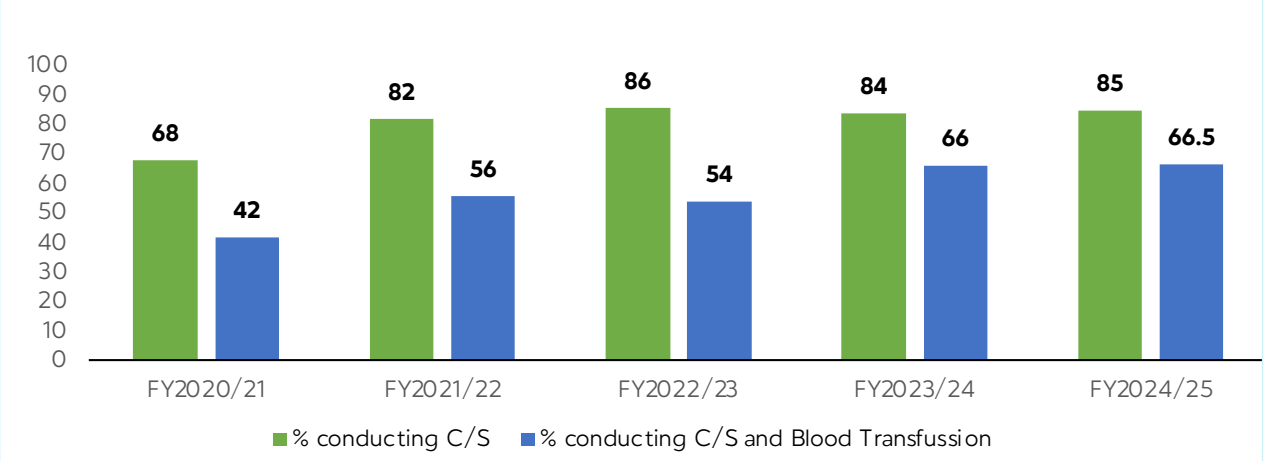


Figure 43: Trends in HC IV'S Performing C/S and CEMNOC by Sub-Sector

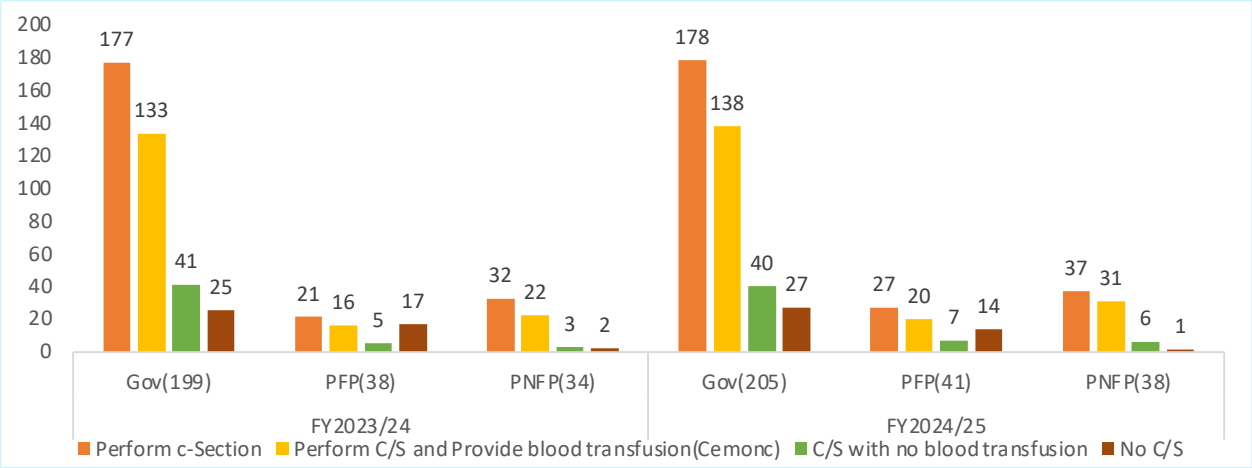


Table 47: HC IVs not conducting Caesarean Sections

No	District	Health Facility	Offer Caesarean Sections	Offer Blood Transfusion	Comment
1	Amudat	Karita Health Centre IV	No	NO	Theatre not working
2	Amuria	Wera Health Centre IV	No	NO	No Theatre
3	Apac	Akokoro Health Centre IV	No	NO	Incomplete
4	Arua	Bondo Health Centre IV	No	NO	No post-operative ward, Theatre complete
5	Bududa	Bulucheke Health Centre IV	No	NO	Has no Theatre, and Dr's. House
6	Buikwe	Ngogwe Health Centre IV	No	NO	Incomplete
7	Bukedea	Kachumbala Health Centre IV	No	NO	Incomplete (No Theatre)
8	Buliisa	Buliisa Health Centre IV	No	NO	Missing theatre equipment
9	Buliisa	Biiso Health Centre IV	YES	NO	Blood fridge available, not accredited
10	Kabale	Kakomo Health Centre IV	No	NO	Missing key equipment
11	Kalaki	Kalaki Health Centre IV	No	NO	Incomplete (No Theatre)
12	Kampala	Nsambya Police HC IV	No	NO	
13	Kampala	Naguru Police Health Centre IV	No	NO	
14	Kampala	Luzira Staff Clinic	YES	NO	
15	Kamwenge	Bisozi Health Centre IV	YES	NO	No Theatre
16	Kanungu	Rugyeyo Health Centre IV	No	NO	Human Resource gaps
17	Kanungu	Mpungu Health Centre IV	No	NO	No theatre
18	Kapchorwa	Kaserem Health Centre IV	YES	NO	No blood fridge
19	Kasese	Nyabirongo Health Centre IV	YES	NO	No blood fridge
20	Kassanda	Bukuya Health Centre IV	No	NO	Incomplete theatre
21	Katakwi	Toroma Health Centre IV	No	NO	No theatre
22	Kisoro	Busanza Health Centre IV	No	NO	Human Resource gaps
23	Kumi	Kumi Health Centre IV	YES	NO	No blood fridge
24	Kyegegwa	Mpara Health Centre IV	No	NO	No blood fridge
25	Lira City	Ober Health Centre IV	No	NO	Incomplete Theatre
26	Maracha	Maracha Health Centre IV	No	NO	Theatre Complete (Lacking Equipment)

No	District	Health Facility	Offer Caesarean Sections	Offer Blood Transfusion	Comment
27	Mitooma	Bitereko Health Centre IV	No	NO	Has not yet started operations, No drugs
28	Nakapirip-irit	Namalu Health Centre IV	No	NO	Incomplete theatre
29	Napak	Iriri Health Centre IV	No	NO	Incomplete theatre
30	Ntoroko	Rwebisengo Health Centre IV	YES	NO	No blood fridge
31	Pader	5th Military Division Health Centre IV	No	NO	
32	Rukiga	Kamwezi Health Centre IV	YES	NO	No power
33	Rukungiri	Rukungiri Health Centre IV	No	NO	No blood fridge
34	Rukungiri	Buhunga Health Centre IV	YES	NO	No blood fridge
35	Wakiso	Kira Health Centre IV	YES	NO	Incomplete theatre

Table 48: HC IVs with the highest number of C/S in FY 2024/25

No.	Region	LG	Health Facility	Ownership	Deliveries in Unit	No. of C/S	% C/S
1	Kampala	Kampala	Kisenyi	GOV	9886	3790	38%
2	Kampala	Kampala	Kawaala	GOV	8733	2275	26%
3	South Buganda	Wakiso	Kasangati	GOV	4362	1697	39%
4	South Buganda	Wakiso	Wakiso	GOV	4721	1442	31%
5	Tooro	Kyegegwa	Bujubuli	GOV	5030	1401	28%
6	Bunyoro	Kikuube	Kyangwali	GOV	3594	1388	39%
7	Bugisu	Sironko	Budadiri	GOV	3833	1156	30%
8	Tooro	Kamwenge	Rwamwanja	GOV	4233	1116	26%
9	South Buganda	Mpigi	Mpigi	GOV	3280	1078	33%
10	North Buganda	Kassanda	Kassanda	GOV	3296	1053	32%
11	Ankole	Isingiro	Rwekubo	GOV	2290	1025	45%
12	South Buganda	Wakiso	Namayumba	GOV	2529	906	36%
13	South Buganda	Kalungu	Bukulula	GOV	1832	829	45%
14	South Buganda	Lwengo	Kyazanga	GOV	1900	824	43%
15	Teso	Serere	Serere	GOV	2437	802	33%
16	Tooro	Bunyangabu	Kibiito	GOV	3070	790	26%
17	Lango	Kole	Aboke	GOV	2455	762	31%
18	Tooro	Bundibugyo	Busaru	PNFP	1240	732	59%
19	Bukedi	Budaka	Budaka	GOV	3813	707	19%

Overall, Private health facilities reported the highest Caesarean section rates. Two facilities; Victoria Medical Services and Bukwo Health Centre IV did not report provision of blood transfusion services.

Table 49: HC IVs with the highest C/S rate in FY 2024/25

#	LG	Health Facility	Owner-ship	Deliveries In Unit	No. Of Caesarean Sections	C-Section Rate	Blood Transfusion Done
1	Wakiso	Victoria Medical Services Health Centre IV	PFP	31	27	87%	No
2	Bukwo	Love 4 Bukwo Health Centre IV	PFP	20	15	75%	No
3	Jinja	Lamu Medical Centre	PFP	105	72	69%	Yes
4	Kampala	Bugolobi Medical Centre	PFP	95	60	63%	Yes
5	Kumi	Michoes Medical Health Centre IV	PFP	103	62	60%	Yes
6	Bundibugyo	Busaru Health Centre IV	PNFP	1240	732	59%	Yes
7	Wakiso	Sebbi Medical Health Centre IV	PFP	577	331	57%	Yes
8	Hoima City	City Medicals Health Centre IV	PFP	60	34	57%	Yes
9	Kagadi	St. Ambrose Charity Health Centre IV	PFP	283	156	55%	Yes
10	Wakiso	Henrob Family Clinic	PFP	543	293	54%	Yes
11	Kyenjojo	Midas Torch Health Centre IV	PFP	153	81	53%	Yes
12	Kampala	Span Medicare	PFP	91	48	53%	Yes
13	Rukungiri	Doctors Case Medicals Health Centre IV	PFP	174	89	51%	Yes
14	Nakasongola	Franciscan Health Centre IV	PNFP	304	155	51%	Yes
15	Kassanda	Red Rose Health Centre IV	PFP	567	286	50%	Yes
16	Kyenjojo	St. Theresa Lisieux Rwibaale Health Centre IV	PNFP	860	430	50%	Yes
17	Ntungamo	Mother Francisca Lechner Health Centre IV	PNFP	367	176	48%	Yes
18	Kasese	Rwesande Health Centre IV	PNFP	790	361	46%	Yes
19	Kalungu	Bukulula Health Centre IV	GOV	1832	829	45%	Yes
20	Isingiro	Rwekubo Health Centre IV	GOV	2290	1025	45%	Yes

Maternal deaths among 100,000 health facility deliveries reduced from 82.7/100,000 in FY 2023/24 to 69.1/100,000 in FY 2024/25. The number of maternal deaths and Institutional maternal mortality rate (IMMR) were highest at the referral hospitals (50.6%).

Table 50: Number and Proportion of Maternal deaths reported by level of Health Facility

LEVEL	2021/22		2022/23		2023/24		2024/25	
	Number	%	Number	%	Number	%	Number	%
Referral Hospitals	566	46%	648	51%	619	50.60%	528	48.78%
GH	387	32%	380	30%	397	32.40%	387	34.49%
HC IVS	186	15%	172	13%	142	11.60%	129	11.84%
HC IIIs	61	5%	64	5%	59	4.80%	39	3.67%
HC II/Clinics	26	2%	12	1%	6	0.49%	13	1.22%
Total	**1,226**	**100%**	**1,276**	**100%**	**1222**	**100%**	**1,096**	**100%**

Figure 44: IMMR by Health Facility Level

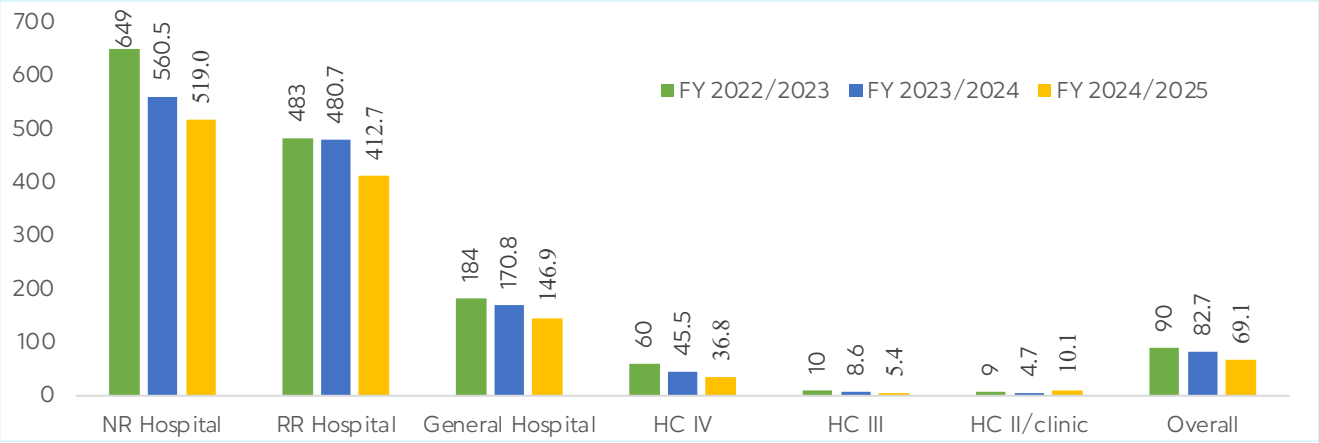


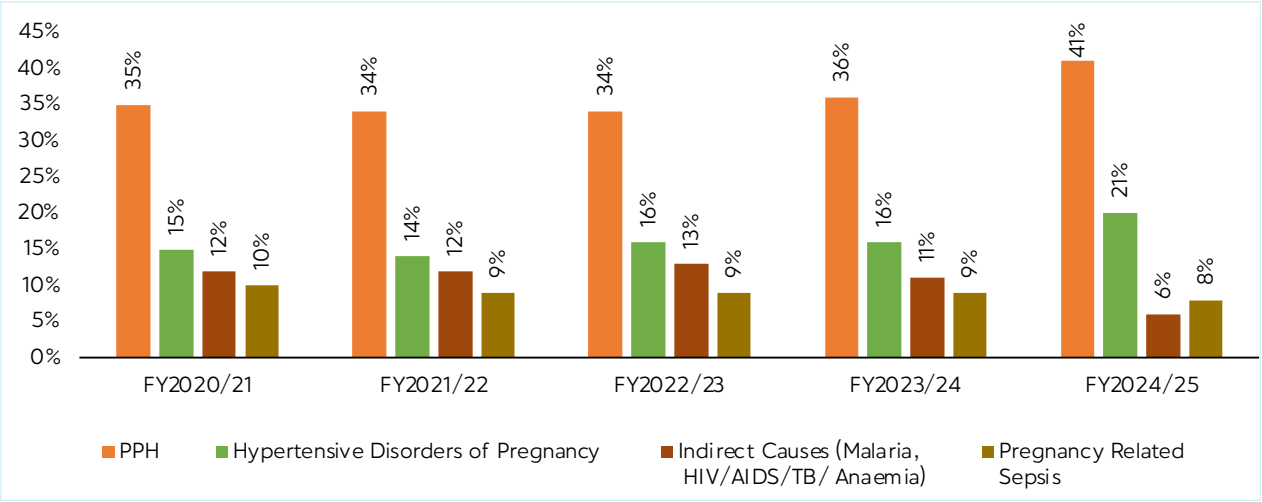
Table 51: Number of Deliveries, Maternal Deaths and IMMR by Region

Sub-Region	No. Health Facility Deliveries		No. Maternal Deaths		Institutional Maternal Mortality Ratio/ 100,000 deliveries	
	FY23/24	FY24/25	FY23/24	FY24/25	FY23/24	FY24/25
Acholi	66,622	70,743	45	75	67.5	106.0
Ankole	120,123	134,425	77	59	64.1	43.9
Bugisu	93,553	102,382	97	78	103.7	76.2
Bukedi	91,042	95,368	51	40	56.0	41.9
Bunyoro	88,497	95,695	83	64	93.8	66.9
Busoga	131,265	148,510	123	91	93.7	61.3
Kampala	86,029	85,050	183	169	212.7	198.7
Karamoja	40,572	43,491	30	25	73.9	57.5
Kigezi	55,178	57,573	35	27	63.4	46.9
Lango	86,728	91,207	53	59	61.1	64.7
North Buganda	152,348	161,864	126	122	82.7	75.4
South Buganda	145,322	159,700	109	98	75.0	61.4
Teso	81,140	82,700	44	45	54.2	54.4
Tooro	119,635	126,290	80	74	66.9	58.6
West-Nile	120,728	131,879	86	70	71.2	53.1
Uganda	**1,478,782**	**1,586,877**	**1,222**	**1,096**	**82.6**	**69.1**

Causes of Maternal Deaths

Among the maternal deaths reviewed, Obstetric haemorrhage remains the leading cause of maternal deaths accounting for 46% of deaths in the FY 2024/25 (PPH contributing 88% of all haemorrhage cases) followed by hypertensive disorders of pregnancy at 21% as shown below.

FIGURE 48: Causes of Maternal Deaths – FY 2021/22 TO FY 2024/25



Facility based fresh (FSB) still births (per 1,000 deliveries have reduced from 5.7/1,000 in FY 2023/2024 to 5.3/1,000 in FY 2024/2025. Tooro, Bugisu and Ankole regions had the lowest FSBs per 1,000 births. Bunyoro, Kampala and Busoga regions had the highest rate of FSBs per 1,000 births. Over the past two years (FY2023/24 and FY2024/25), the regions of Kampala, Acholi, and North Buganda have had the highest perinatal mortality rates. Ankole, Bugisu and Tooro regions have the lowest perinatal mortality rates generally below the national average.

Table 52: Rate of Perinatal Deaths by Type and Region in FY 2024/25

Region	Total Births		MSB/1000 Births		FSB/1000 Births		ENND/1000 Live Births		IPMR/1000 births	
	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25	23/24	24/25
Acholi	66,792	69,767	8.4	6.9	5.6	5.8	7.5	7.6	21.3	20.3
Ankole	121,593	133,870	5.2	3.9	4.6	4.2	3.3	1.7	13.1	9.8
Bugisu	93,750	101,151	5.1	3.9	5.3	4.1	1.2	2.2	11.6	10.1
Bukedi	91,846	93,361	4.1	4.2	4.6	5.4	2.4	1.5	11.0	11.1
Bunyoro	87,963	94,860	8.1	6.1	8.8	6.7	5.9	4.7	22.7	17.4
Busoga	131,260	147,960	7.1	6.7	6.7	5.2	4.9	4.0	18.6	15.9
Kampala	87,240	86,069	10.2	11.6	7.7	8.0	18.2	16.0	35.8	35.3
Karamoja	40,599	43,124	3.3	3.4	6.3	6.3	4.5	6.1	14.1	15.7
Kigezi	55,432	57,678	5.1	4.8	3.7	4.3	6.4	5.2	15.2	14.2
Lango	86,639	91,089	4.7	4.8	5.0	4.7	3.0	2.8	12.7	12.3
North Buganda	152,764	162,203	7.1	7.7	6.6	6.7	3.2	3.7	16.9	18.0
South Buganda	145,774	60,255	6.6	6.7	5.7	5.1	4.0	4.3	16.2	16.0
Teso	80,787	82,350	5.1	4.7	4.9	4.6	3.3	6.1	13.3	15.4
Tooro	118,672	124,868	4.5	4.4	4.1	3.9	2.4	2.4	11.0	10.7
West Nile	120,815	131,965	6.8	5.3	5.8	5.1	3.9	3.4	16.4	13.7
National	**1,481,926**	**1,580,570**	**6.2**	**5.8**	**5.7**	**5.3**	**4.6**	**4.3**	**16.5**	**15.4**

Maternal Deaths Reviewed

A total of 1,096 health facility–based maternal deaths were reported through HMIS 105 and event reports during FY 2024/25. Of these, 84.9% were notified, a decline from 95.4% in the previous financial year. Similarly, 88% of reported deaths were reviewed compared to 94.8% in FY 2023/24. Both notification and review performance fell below the national target of 95%.

Figure 45: National Trends in Institutional Maternal Deaths Reported, Notifications and Review Rates

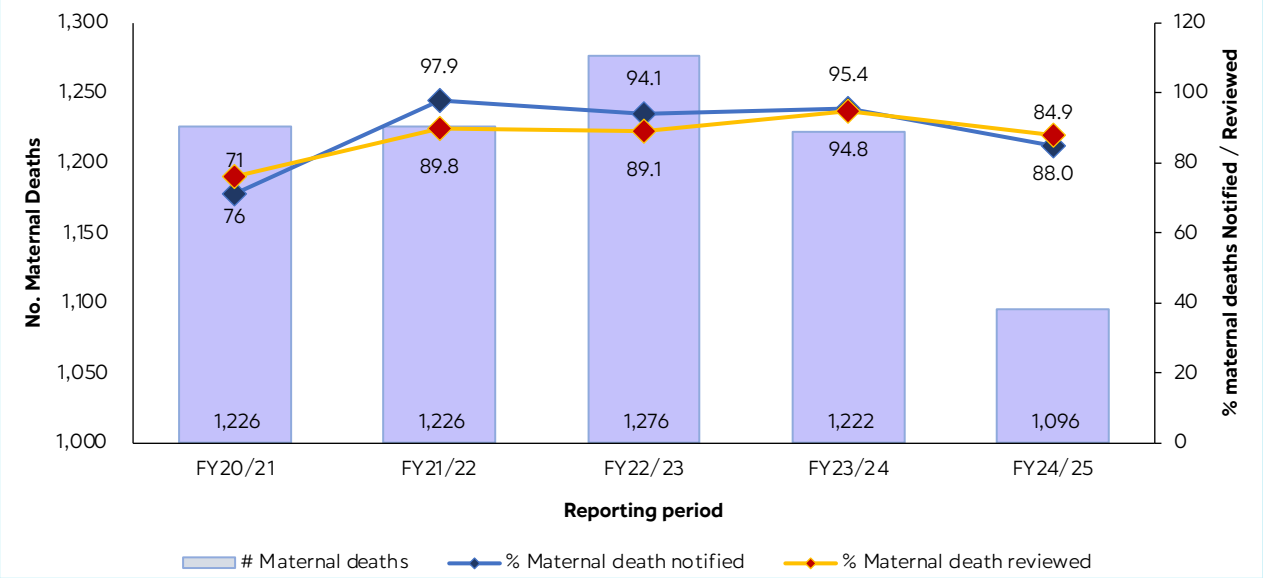
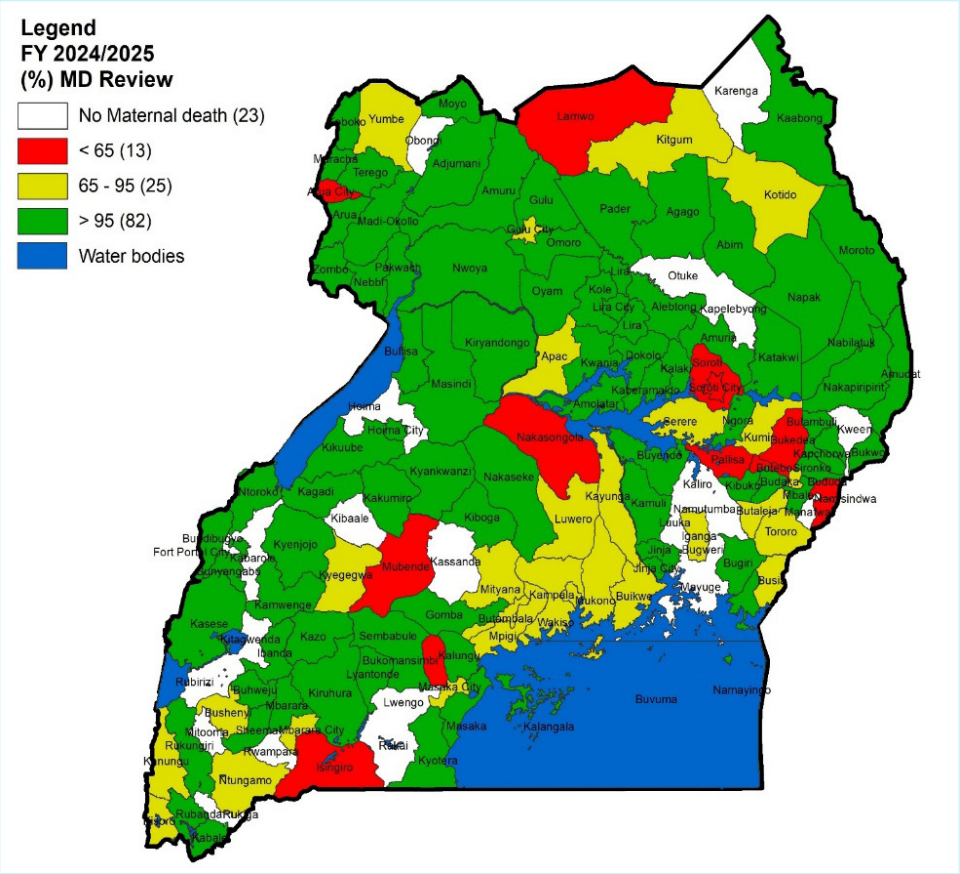


Figure 46: Map showing the % of Maternal Deaths Reviewed by LG in FY 2024/25



It is worth noting that several LGs (23) had no maternal deaths reported from the health facilities. This is likely to raise from the non-reporting or tendency to refer to higher level facilities. There is need to study the cause of no maternal deaths reported in these local governments.

Overall, the process of maternal death notification and reviews has been embraced by all regions, though there was a significant reduction in proportion of maternal deaths reviewed in Teso region from 111.1% in FY 2023/24 to 42.2% in 2024/25.

Table 53: IMMR, Maternal Death Notification and Reviews by Region

Region	No. Maternal Deaths		% Maternal Death Notifications		% Maternal Death Reviews	
	FY23/24	FY24/25	FY23/24	FY24/25	FY23/24	FY24/25
Acholi	45	75	102.2%	90.7%	102.2%	93.3%
Ankole	77	59	114.3%	62.7%	100.0%	88.1%
Bugisu	97	78	89.7%	94.9%	84.5%	82.1%
Bukedi	51	40	98.0%	82.5%	96.1%	80.0%
Bunyoro	83	64	92.8%	87.5%	95.2%	98.4%
Busoga	123	91	82.1%	71.4%	99.2%	98.9%
Kampala	183	169	98.9%	92.3%	98.9%	89.9%
Karamoja	30	25	110.0%	84.0%	113.3%	96.0%
Kigezi	35	27	100.0%	88.9%	102.9%	88.9%
Lango	53	59	111.3%	89.8%	113.2%	98.3%
North Buganda	126	122	84.9%	84.4%	84.9%	82.8%
South Buganda	109	98	89.0%	73.5%	86.2%	89.8%
Teso	44	45	120.5%	111.1%	111.4%	42.2%
Tooro	80	74	88.8%	90.5%	81.3%	97.3%
West-Nile	86	70	94.2%	72.9%	90.7%	80.0%
Uganda	**1,222**	**1,096**	**95.4%**	**84.9%**	**94.8%**	**88.0%**

>100 95-100 65 – <95 <65

Perinatal Death Reviews

Perinatal death reviews declined to 56.2% in FY 2024/25, from 61.3% in FY 2023/24. Notification also dropped to 55.0% compared to 61.3% in the previous year. All Local Governments (LGs) reported at least one perinatal death during FY 2024/25.

Figure 47: Map Showing the Proportion of Perinatal Deaths Reviewed by LG in FY 2024/25

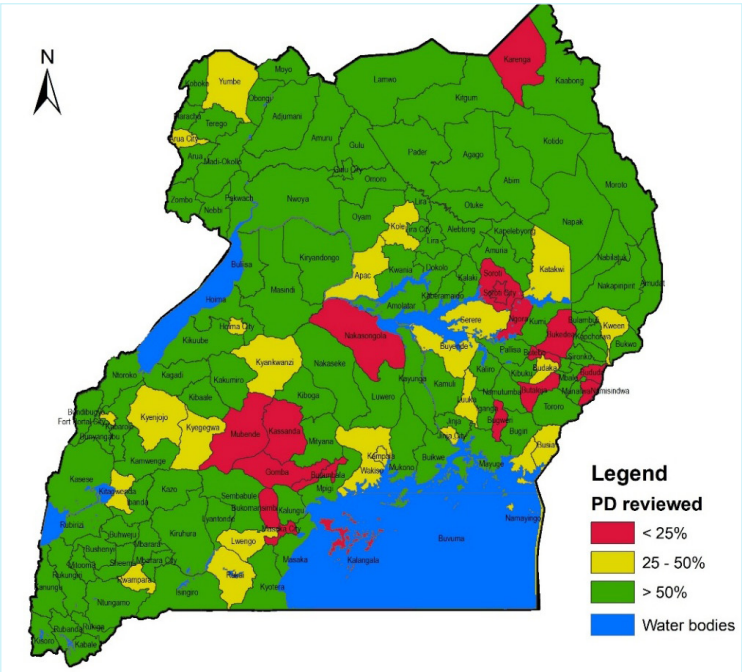
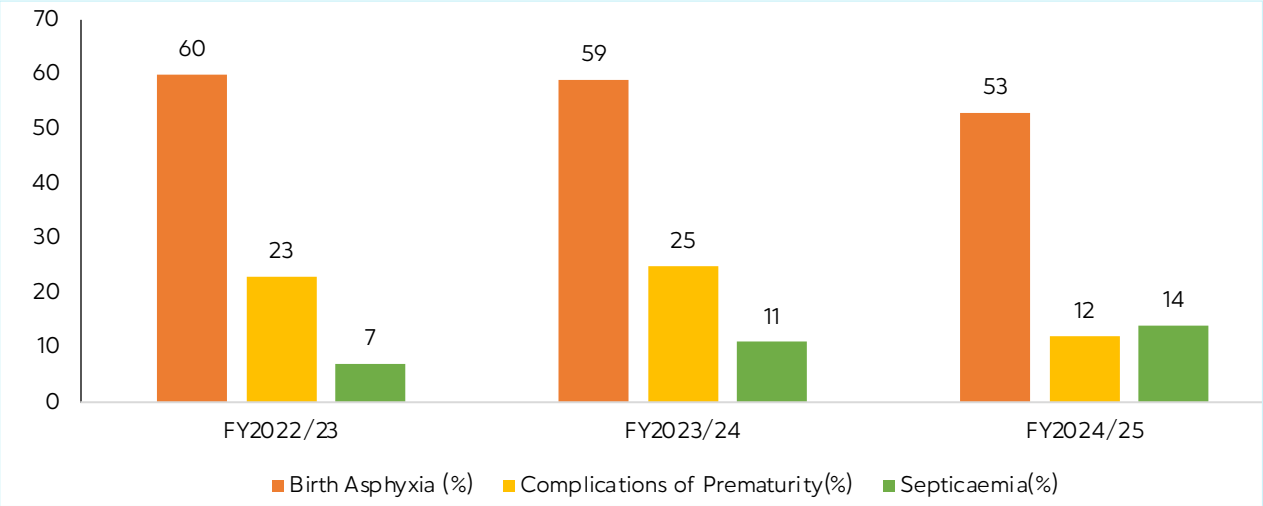


Table 54: Proportion of Reviewed Perinatal Death Notifications and Review by Region

Region	Total Perinatal Deaths		Perinatal Death Notification Rate (%)		Perinatal Death Review Rate (%)	
	FY 2023/24	FY 2024/25	FY 2023/24	FY 2024/25	FY 2023/24	FY 2024/25
Acholi	1424	1417	94.2	82.43	86.4	78.69
Ankole	1591	1315	55.3	63.19	73.7	73.16
Bugisu	1085	1024	109.5	52.83	74.7	57.23
Bukedi	1012	1039	80.7	63.43	68.4	57.27
Bunyoro	2000	1649	50.9	63.92	39.9	54.03
Busoga	2442	2352	64.0	47.58	79.0	59.06
Kampala	3127	3014	25.1	19.53	65.0	43.60
Karamoja	571	680	95.6	89.85	80.7	79.12
Kigezi	841	841	102.1	88.82	99.8	84.54
Lango	1103	1120	97.8	66.16	96.0	71.61
North Buganda	2580	2919	52.1	53.96	37.4	50.36
South Buganda	2362	2566	35.7	42.83	25.6	36.67
Teso	1077	1270	75.9	49.13	68.8	32.76
Tooro	1301	1342	48.9	56.04	44.5	54.69
West Nile	1983	1807	64.4	71.83	55.9	67.79
National	**24499**	**24355**	**61.2**	**55.02**	**61.3**	**56.19**

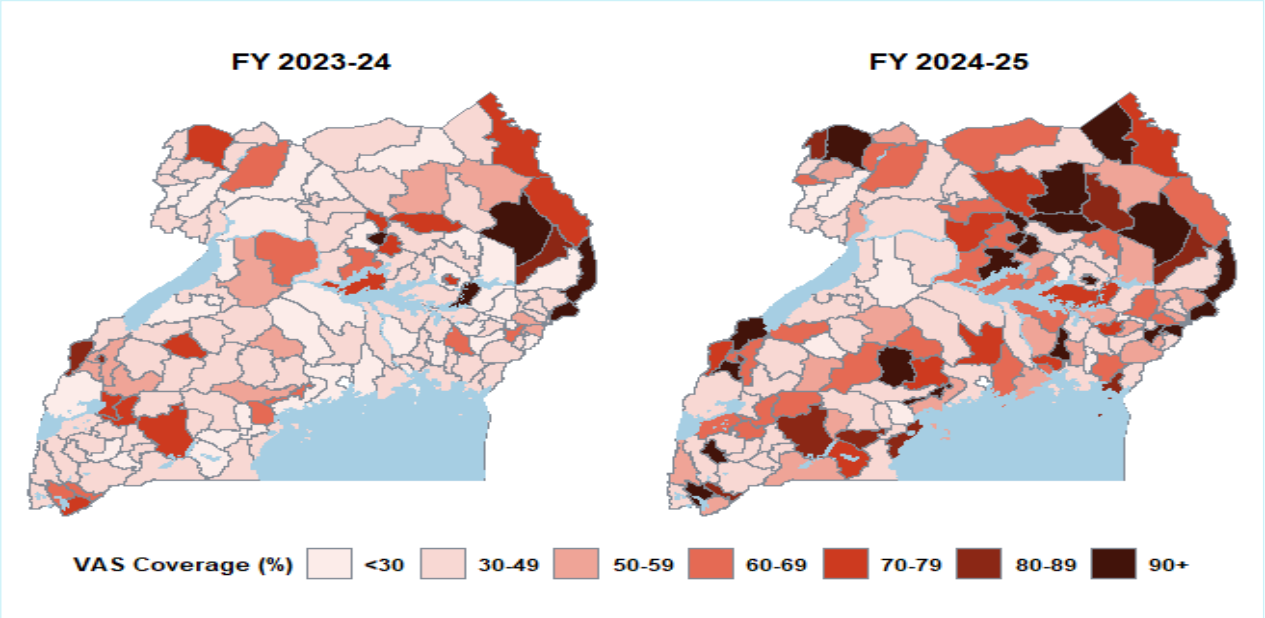
Birth asphyxia remains the leading cause of early neonatal deaths, with septicaemia now emerging as the second leading cause, followed by complications of prematurity.

Figure 48: Trends in the Leading Causes of Neonatal Deaths in Uganda



Under-five Vitamin A second dose coverage Increased from 47% FY2023/24 to 57% FY2024/25. Some districts, such as Kalungu, Bugweri, and Masindi, report very low coverage rates (32–38%), while others, including Ntoroko, Lira City, Bunyangabu, Rubanda, and Amudat, show moderate progress (42–44%). This improvement is attributed to better training for healthcare providers and the consistent availability of Vitamin A. However, coverage remains below the Health Sector Development Plan (HSDP) target of 80%.

Figure 49: Vitamin A Supplementation 1st and 2nd Dose Coverage by District For FY 23/24 and 24/25

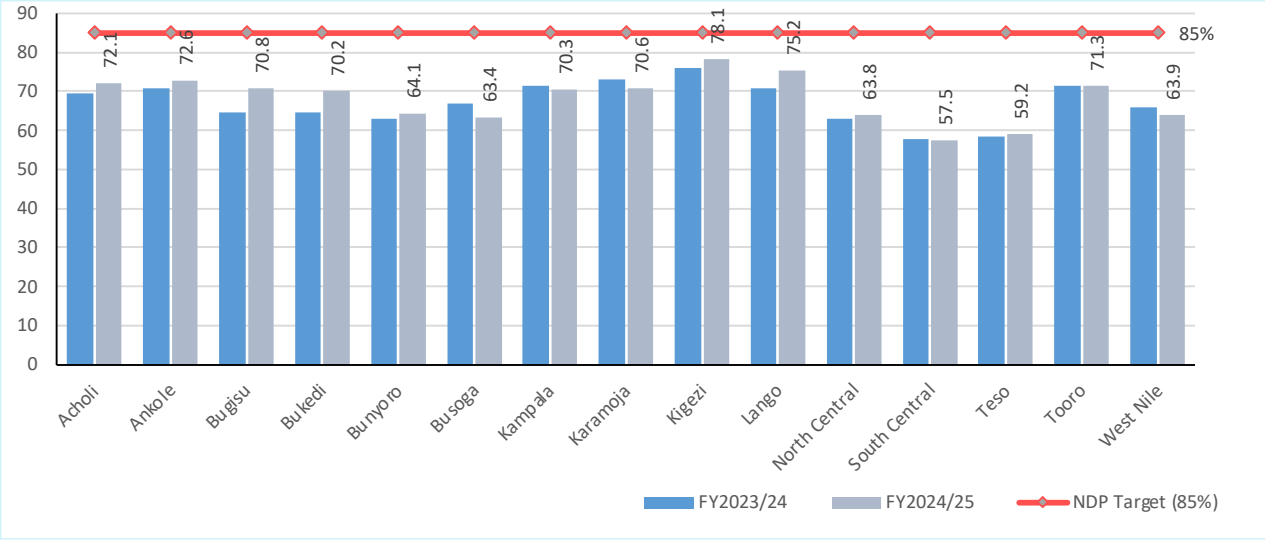


Proportion of Pregnant Women receiving Ferrous Sulphate/Folate Supplement on First Visit

A total of 2,016,115 pregnant women attended antenatal services, of which 71.6% received Iron and Folic Acid (IFA) supplements in FY2024/25, up from 68% in FY2023/24. Despite this improvement, performance remains below the national target of 85%. The increase is largely due to stock availability, training of health workers on nutrition services, and adequate counseling and nutrition education.

At regional level, Kigezi recorded the highest coverage (78.1%), while South Buganda (57.5%) and Teso (59.2%) had the lowest. District-level performance also showed sharp variations, with Kampala (100%), Pader (98%), Ngora (96%), Rukiga (96%), and Buliisa (94%) performing strongly. In contrast, Kamuli (47%), Kikuube (47%), Nakapiripirit (50%), Rubanda (51%), and Kasese (55%) recorded the lowest coverage, highlighting persistent inequities in access and service delivery.

Figure 50: Pregnant/Lactating Mother Received Iron& Folic Acid Supplementation by Region



2.4 ESSENTIAL MEDICINES AND HEALTH SUPPLIES (EMHS)

This section presents an overview of the status of Essential Medicines and Health Supplies including financing/funding, medicines ordering and reporting, availability at both national and sub-national levels, and anti-microbial resistance patterns.

2.4.1 Financing for Essential Medicines and Health Supplies

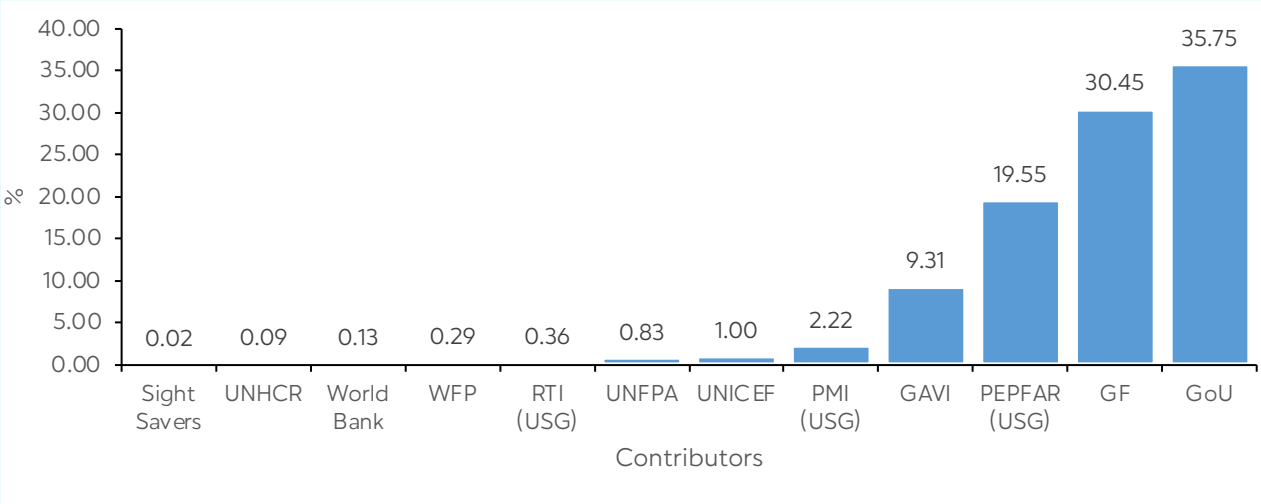
Table 55: National Funding Landscape for EMHS in FY 2024/25

Item	FY 23/24	FY 24/25
Total Commodity Need	928,601,525	1,059,247,642
Projected Carry Over stock	(146,159,064)	(58,971,731
Total procurement Need	**782,442,461**	**1,000,275,911**
Total commitments Available	419,972,070	509,261,981
Funding Gap	**362,470,391**	**491,013,930**

There was a 14% increase in the total national EMHS funding need in FY24/25 compared to the previous year FY23/24. This is mainly attributed to scale up of new interventions, increase in targets for service delivery coverage, population increase as well as raise in disease burden.

The funding commitments in FY24/25 could only cover up to 51.9% of funding need. This calls for urgent increase for health commodity financing both domestically and from other sources.

Figure 51: Funding Sources for EMHS



Of the available budget for EMHS in FY24/25, 35.7% was from the Government of Uganda and the development partners contributed the bigger portion of 64.3%. This calls for increased domestic funding as per the commitments in the 10-year health supply chain roadmap.

2.4.2 EMHS Credit Line at National Medical Stores (NMS)

The table below illustrates the budget that was available for EMHS during FY 2024/25. The overall budget for EMHS at NMS increased by 26.0% (Ugx. 139.7 billion) from Ugx. 537.96

billion to Ugx 677.74 billion for the FY 2024/25. Significant increase was realized for HC IVs (78.0%), Butabika NRH (75.0%), Uganda Heart Institute –UHI (68.8%), RRHs (54.1%), HC IIs (52.8%), Lab Commodities (51.9%), GHs (44.4%), Reproductive Health Commodities (29.4%) and Anti-TB medicines (28.6%).

The NCDs despite being among the top causes of death among the adult population did not receive any increase in the budget allocation. Government should increase funding for NCD commodities at all levels of care.

Table 56: Public Health Facility Credit Line Budget Allocations

Level of Care	Budget Holder	HFs	FY 2023/24	FY 2024/25	% Change
HC II	Credit Line	1,768	15, 163,236,942	23,163,236,942	52.8%
HC III	Credit Line	1,379	47,684,761,813	58,248,497,113	22.2%
HC IV	Credit Line	208	22,432,000,000	39,932,000,000	78.0%
GH	Credit Line	52	22,531,010,130	32,531,010,130	44.4%
RRH	Credit Line	18	22,184,228,057	34,184,228,057	54.1%
*UHI	Credit Line	1	2,181,400,000	3,681,400,000	68.8%
UBTS	Credit Line	1	39,888,909,000	43,488,909,000	9.0%
Mulago NRH	Credit Line	1	8,866,755,612	8,866,755,612	0.0%
Butabika NRH	Credit Line	1	2,000,041,612	3,500,041,612	75.0%
**MSWNH	Credit Line	1	2,500,000,000	2,500,000,000	0.0%
Kawempe NRH	Credit Line	1	5,500,000,000	6,500,000,000	18.2%
Kiruddu NRH	Credit Line	1	5,500,000,000	6,500,000,000	18.2%
Emergency and Donated Medicines	Program		7,500,000,000	2,960,000,000	18.4%
Nutrition Commodities	Program		5,000,000,000	5,000,000,000	0.0%
Reproductive Health Commodities	Program		27,000,000,000	34,950,000,000	29.4%
Immunization and Hepatitis B Vaccine	Program		29,000,000,000	29,000,000,000	0.0%
Lab Commodities	Program		63,000,000,000	95,700,000,000	51.9%
ARVs to accredited facilities	Program		200,891,375,000	200,891,375,000	0.0%
Anti-Malarial Medicines	Program		5,108,625,000	5,108,625,000	0.0%
Anti-TB Medicines	Program		7,000,000,000	9,000,000,000	28.6%
Non-Communicable Disease Medicines	Credit Line		2,032,123,776	2,032,123,776	0.0%
HIV/TB Related EMHS			0	30,000,000,000	-
Grand Total		**3,432**	**537,964,466,942**	**677,738,202,242**	**26.0%**

2.4.2.4 EMHS Credit Line for PNFP's at Joint Medical Stores (JMS)

Table 57: Fund Allocation and Utilisation Comparison across previous Financial Years

Financial Year	Total Funds Received (UGX)	Total Utilized (UGX)	Utilization %	Facilities Served
2021-2022	13,790,170,081	13,682,304,239	99%	556
2022-2023	13,681,273,223	13,638,120,137	100%	548
2023-2024	13,617,414,644	13,605,013,995	100%	552
2024-2025	19,406,429,993	19,373,653,164	100%	553

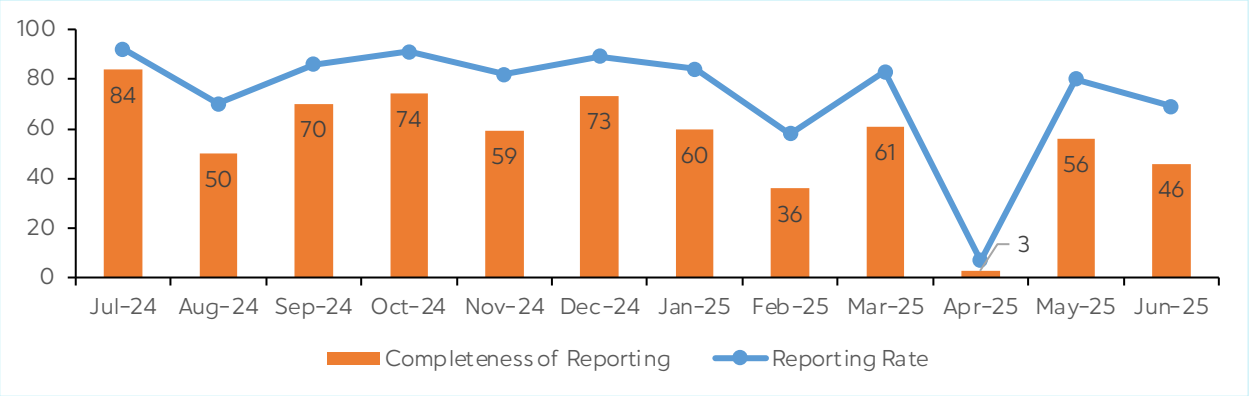
Over the past four financial years, the allocation and utilization of PHC funds under the EMHS credit line have consistently demonstrated high levels of efficiency and accountability, with utilization rates maintained between 99% and 100%. Since FY 2021/22, the EMHS credit line allocation for the PNFP sector has registered considerable 41.6% growth demonstrating the GOU commitment towards improving health service delivery needs and attainment of universal health coverage. The number of health facilities has remained relatively stable with minimal fluctuations due to accreditation-related changes affecting the number of eligible facilities.

2.4.3 Essential Medicines Reporting

The Medicines' stock status reporting rates for FY 2024/25 reveal notable inconsistencies and underperformance relative to the national target of 90% across all months. While July (92%) and October (91%) met the target for general reporting rate, and a few other months came close (September at 86%), there were steep declines in several periods, with February (58%) and April (7%) standing out as critical low points. The complete reporting rate was even more concerning, peaking at just 84% in July, then dropping sharply in February (36%) and reaching an all-time low of 3% in April.

These fluctuations reveal systemic challenges in data collection reflecting broader health system disturbances, such as the USG stop-work order and technical issues with the supply chain information systems (system down time). These systemic weaknesses emphasize the urgent need to stabilize reporting mechanisms and improve digital infrastructure and human resource capacity at health facility level.

Figure 52: Monthly Medicine Stock Status Reporting Rates and Completeness of Reporting in FY 2024/25



2.4.4 Average Availability of EMHS

The results show a concerning decline in the average availability of a basket of 50 tracer commodities across 4,211 reporting health facilities in Q4 FY2024/25, with overall availability dropping to 62%, far below the national target of 90%. EMHS (53%), ARVs (59%), and LAB commodities (50%) recorded particularly low availability, indicating critical stock challenges at service delivery points. While TB (75%) and RMNCAH (72%) commodities performed relatively better, they still fell short of the target. In contrast, central-level warehouses (NMS & JMS) showed better performance, achieving an overall availability of 77%, with notable improvements in ARVs (92%), TB (84%), and RMNCAH (89%). However, EMHS and LAB availability at the central level remained below target at 59% and 61% respectively. These discrepancies between warehouse and facility-level availability highlight persistent bottlenecks in last-mile distribution, calling for urgent strengthening of supply chain logistics, redistribution mechanisms, and stock visibility across levels.

These results indicate that RMNCAH and TB commodities exhibited the highest availability, with 21% of facilities maintaining over 95% availability. The EMHS basket showed moderate availability, with 19% of facilities maintaining over 95% availability. In contrast, ARV commodities had lower availability, with only

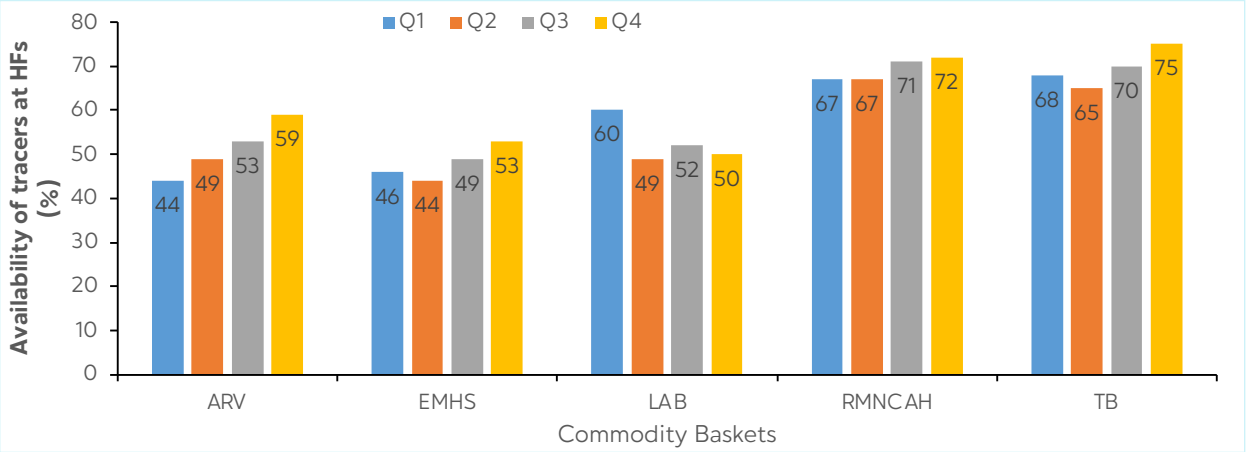
15% of facilities achieving over 95% availability. Critically low availability was observed for laboratory commodities, with just 5% of facilities maintaining over 95% availability, respectively. These findings underscore significant supply chain challenges, particularly for laboratory commodities and essential medicines in the EMHS basket.

Table 58: Availability for the 50 Commodities at Health Facilities in FY 2024/25

Indicator	Disaggregation	Q4 FY2020/21	Q4 FY2021/22	Q4 FY2022/23	Q4 FY2023/24	Target FY2024/25	Q4 FY2024/25
Percentage availability of a basket of 50 commodities based on all reporting facilities in the previous quarter	EMHS	81	72	47	58	90	53
	ARVs	79	81	45	43	90	59
	TB	85	84	69	74	90	75
	LAB	78	72	73	79	90	50
	RMNCAH	83	80	57	67	90	72
	Overall	**81**	**78**	**58**	**64**	**90**	**62**
Percentage of facilities that had over 95% availability of a basket of commodities in the previous quarter.	EMHS	69	57	97	84	95	19
	ARVs	63	61	75	61	95	15
	TB	67	67	83	75	95	21
	LAB	52	63	78	77	95	5
	RMNCAH	55	66	79	55	95	21
	Overall	**61**	**63**	**82**	**70**	**95**	**16**
Percentage availability of supplies for a basket of 50 Commodities and health supplies at Central Level Warehouses (NMS and JMS).	EMHS	69	57	97	84	80	59
	ARVs	63	61	75	61	80	92
	TB	67	67	83	75	80	84
	LAB	52	63	78	77	80	61
	RMNCAH	55	66	79	55	80	89
	Overall	**61**	**63**	**82**	**70**	**80**	**77**

In FY 2024/25, the average availability of 50 tracer commodities at Health Facilities (HFs) gradually increased from 57% in Q1 to 62% in Q4, resulting in an annual average of 58%. In contrast, the Central Level Warehouse maintained consistently higher availability, averaging 77% for the year despite a slight dip in Q2.

Figure 53: Average Availability of a Basket of 50 Commodities per Quarter in FY 2024/25

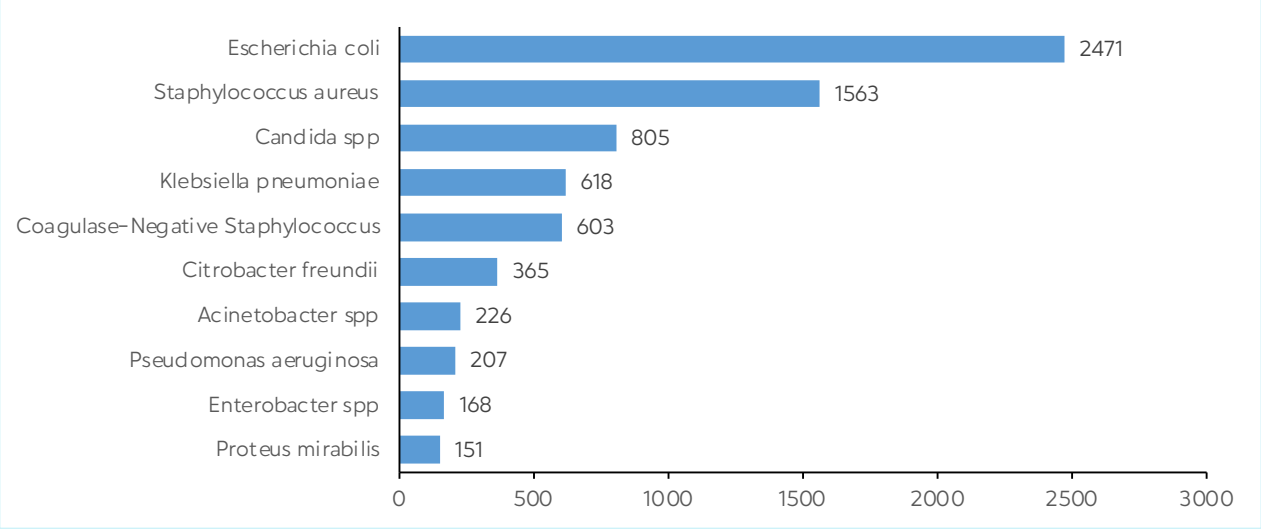


2.4.5 Anti-Microbial Resistance (AMR) Surveillance

Antimicrobial resistance has been noted resistance across common antibiotics like penicillin, and cephalosporin. To mitigate the escalation of this, Ministry of Health in collaboration with partners, developed and disseminated the following tools; AMS guidelines, guidelines for the implementation of Medicine therapeutic committees (MTC), and an Antimicrobial Consumption and Use surveillance plan. MTCs have now been revamped in all referral and General hospitals, AMS subcommittees have been rejuvenated in all hospitals, aiding the bi-annual facility implementation of Point Prevalence Surveys (PPS) and Drug indicator surveys in all public sector hospitals and selected PNFPs and PFPs. Key highlights of the drug indicator surveys are: Injectable encounter 0.04%

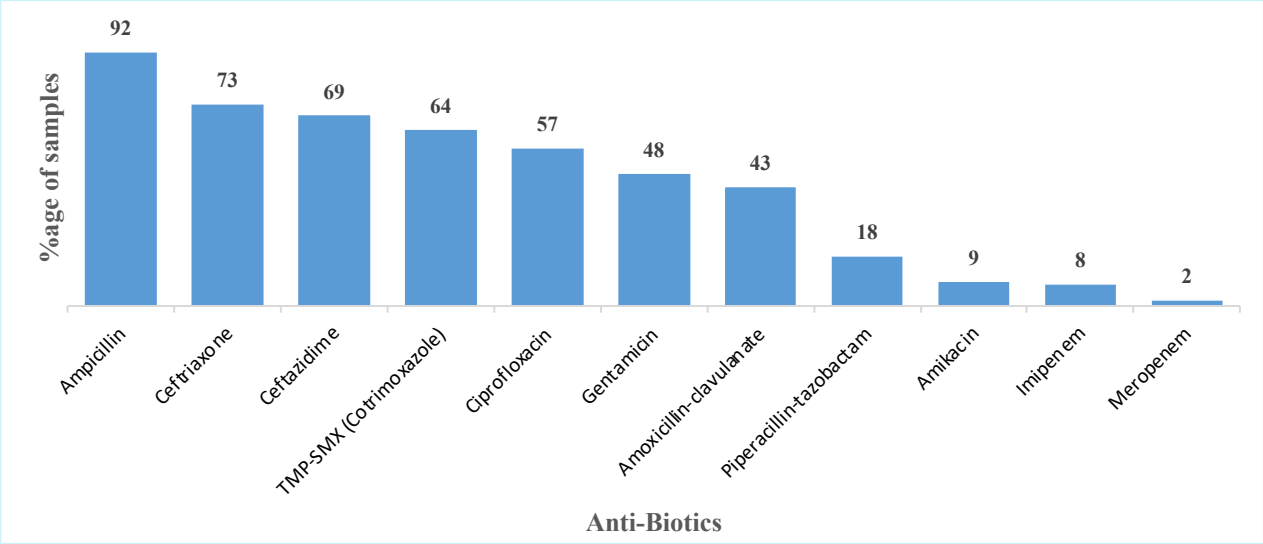
The findings from the AMR surveillance have been extracted from analysis of the Urine samples where E. coli was the commonest organism isolated.

Figure 54: Illustrating the Most Common Organism identified during AMR Surveillance



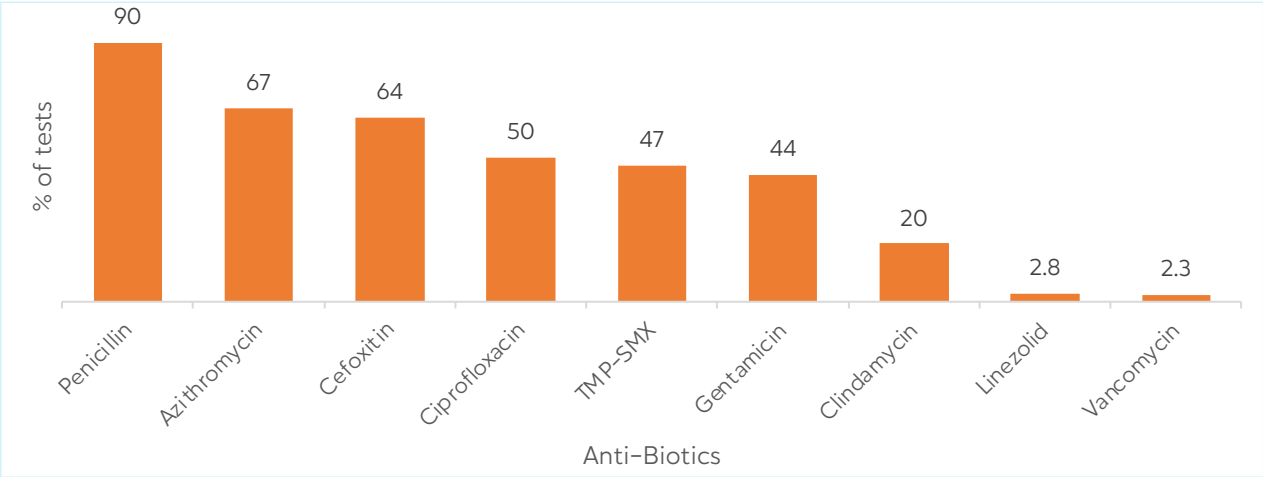
AMR findings for the treatment of urinary tract infections (UTIs) and surgical site infections (SSIs) are summarized as follows: Enterobacterales showed 92% resistance to Ampicillin and over 10% resistance to Carbapenems (Graph 4).

Figure 55: Antibiotic Resistance for Enterobacteriales



Staphylococcus aureus, a common cause of SSIs and capable of causing UTIs, demonstrated high resistance to Penicillin, with 64% resistance to Cefoxitin, indicating methicillin-resistant S. aureus (MRSA) (Graph 5). These findings highlight the need for strict infection prevention and control (IPC) contact precautions.

Figure 56: Antibiotic Resistance for Staphylococcus Aureus



2.5 LABORATORY SERVICES

Laboratory External Quality Assurance (EQA)

The National External Quality Assessment Program (NEQAP) monitors public and private laboratories to ensure accurate and reliable test results, while strengthening quality management systems and supporting accreditation and certification initiatives. As of April–June 2025, NEQAP implemented 12 schemes, distributing 3,693 panels to participants.

Over the past five cycles, response rates for EID, VL, mRDT, CrAg, Gram, and HPV declined, mainly due to reagent stock-outs and equipment breakdowns. However, pass rates improved across most schemes, with CBC, culture & sensitivity, and urinalysis achieving ≥80% participation, and most schemes attaining ≥80% pass rates following targeted mentorship. NEQAP expanded to include eight animal laboratories, one environmental health laboratory, and laboratories in five other countries participating in mRDT, Gram, culture & sensitivity, and CrAg schemes.

Table 59: EQA Pass Rate by Region

Region	EID	Hep.B	mRDT	Malaria Microcopy	CBC	CD4	Hep.B	CrAg	gram	Cul and sensitivity	Urinalysis
National	**92%**	**96%**	**93%**	**86%**	**98%**	**95%**	**90%**	**96%**	**65%**	**58%**	**99%**
Acholi	100%	92%	100%	100%	100%	100%	100%	100%	100%	0%	100%
Ankole	100%	100%	92%	75%	100%	100%	100%	100%	80%	100%	89%
Bugisu	100%	97%	88%	67%	83%	100%	0%	100%	100%	100%	100%
Bukedi	100%	97%	90%	64%	100%	100%	100%	100%	100%	0%	90%
Bunyoro	79%	88%	96%	100%	100%	80%	80%	100%	0%	100%	100%
Busoga	93%	94%	94%	86%	100%	100%	100%	100%	50%	0%	100%
Kampala	100%	100%	95%	100%	100%	100%	77%	100%	53%	73%	100%
Karamoja	88%	100%	94%	100%	100%	100%	100%	83%	67%	100%	100%
Kigezi	100%	94%	94%	57%	100%	80%	100%	100%	60%	50%	100%
Lango	83%	98%	85%	100%	100%	100%	100%	100%	67%	50%	100%
North Buganda	75%	99%	98%	80%	100%	88%	100%	85%	83%	50%	100%
South Buganda	90%	96%	93%	88%	83%	100%	100%	96%	78%	100%	100%
Teso	100%	98%	92%	100%	100%	100%	100%	86%	33%	100%	100%
Tooro	95%	98%	96%	82%	100%	100%	100%	100%	60%	0%	100%
West Nile	84%	96%	94%	92%	100%	80%	100%	93%	50%	50%	100%

Health facilities implementing ≥ 85% of Laboratory Test Menu

The "National Laboratory Test Menu" refers to the standardized list of laboratory tests that are deemed essential for healthcare delivery at various levels of care within Uganda. The primary goal is to provide a framework for strengthening health laboratory services and ensuring they support the delivery of the National Minimum Health Care Package (UNMHCP) in Uganda.

At the national level, test menu implementation improves progressively with the health facility level at the national level, test menu implementation improved progressively with the health facility level from 47% at HC III, 64% at HC IV, and 58% at GH, to 75% at RRH, indicating that higher-level facilities generally maintain better compliance with the recommended test menu.

Across regions, Kampala (63%) led at the HC III level, while Kigezi (68%) performed best at HC IV level. For general hospitals (GH), Kigezi (68%) also recorded the highest compliance, and at the RRH level, Busoga (81%) led. The lowest performance was observed in Bunyoro (37%) and Teso (41%) at the HC III level, as well as Karamoja (54%) at HC IV.

The test categories with the lowest implementation rates were Haematology, Blood Transfusion, Stool Microscopy, and Other Chemistry. More broadly, across all health facility levels, the test categories with the lowest overall performance included Stool, Other Chemistry, Microbiology, and Culture & Sensitivity.

The highest-performing test categories across all facility levels were Parasitology and Serology

Table 60: Test Menu Implementation Performance Per Region in FY 2024/25

Region	Health level			
	HC III	HC IV	GH	RRH
National	**47%**	**64%**	**58%**	**75%**
Acholi	46%	66%	55%	73%
Ankole	50%	67%	58%	73%
Bugisu	50%	67%	57%	75%

Region	Health level			
	HC III	HC IV	GH	RRH
Bukedi	47%	65%	49%	
Bunyoro	37%	64%	44%	75%
Busoga	51%	65%	57%	81%
Kampala	63%	66%	59%	
Karamoja	41%	54%	53%	73%
Kigezi	49%	68%	68%	75%
Lango	46%	64%	64%	79%
North Buganda	50%	65%	62%	75%
South Buganda	48%	63%	62%	72%
Teso	41%	60%	58%	75%
Tooro	42%	63%	61%	75%
West Nile	50%	64%	59%	75%

2.6 HEALTH FINANCING

2.6.1 Health Financing Landscape in Uganda

In FY 2024/25, the total health sector resource envelope amounted to **UGX 4,069.84 billion** and the contribution from Government of Uganda (GoU) was **68.5%,** equivalent to approximately **UGX 2,786.67 billion**. This represents an increase of **six (6%) percent** for domestic financing compared to the previous fiscal year. The contribution from donors (external financing) for the period under review stood at **UGX 1,283.17 billion,** representing **31.5%** of the sector budget.

Table 61: Health Financing Landscape by Category for FY 2024/25

Budget Category (Ugx Bns)	Approved Budget	Supplementary Budget	Revised Budget	% Share
Wage	1,234.38	6.30	1,240.68	30.5%
Non-Wage Recurrent	1,298.90	15.51	1,314.41	32.3%
GoU Development	196.11	35.47	231.58	5.7%
Total GoU	**2,729.39**	**57.28**	**2,786.67**	**68.5%**
External Financing	1,283.17	-	1,283.17	31.5%
Total	**4,012.56**	**57.28**	**4,069.84**	**100%**

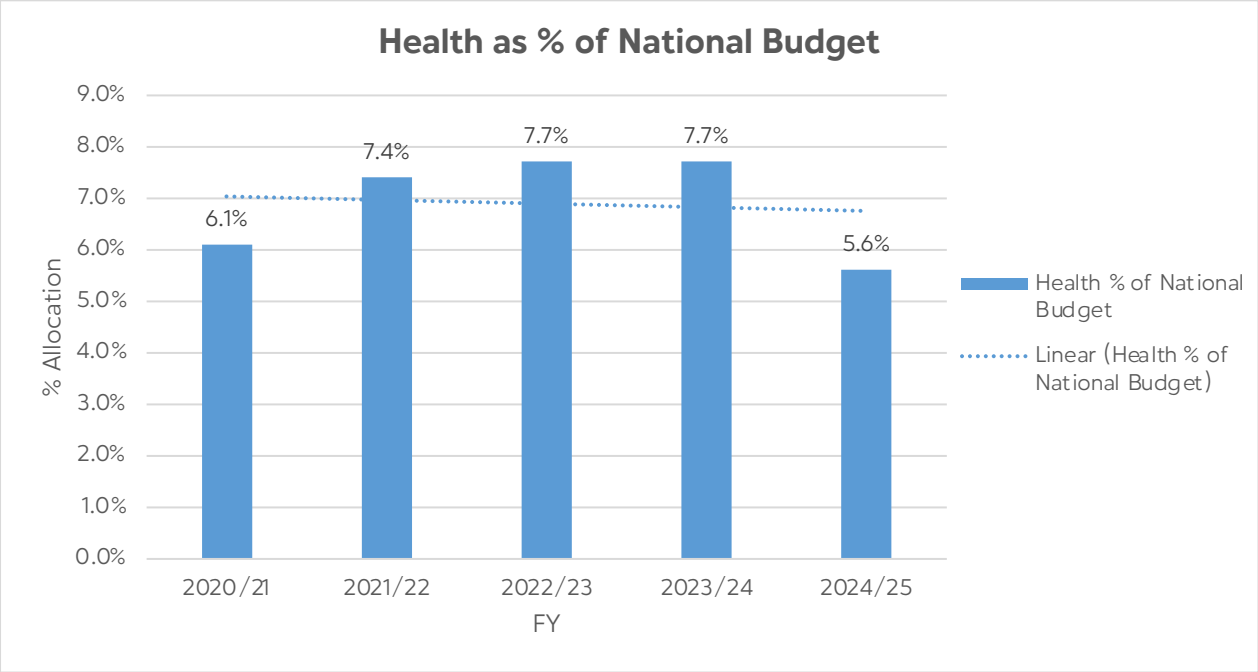
As per Table 61 above, the total on-budget financing for health in FY 2024/25 was Ugx 4,069.84 billion which comprised of wage (31%), non-wage recurrent (32%), domestic development (5%) and external development (32%).

Table 62: Allocations for the Health Sector during the NDPIII Period (2020-2025)

Year	Health Budget (Billions)	Total National Budget	Growth of:		Health as % of Total Budget
			National Budget	Health Budget	
2020/21	2,788	45,494	26.0%	7.7%	6.1%
2021/22	3,331	44,779	-1.6%	19.5%	7.4%
2022/23	3,685	48,130	7.5%	10.6%	7.7%
2023/24	4,050	52,737	9.6%	9.9%	7.7%
2024/25	4,069	72,136	36.8%	-0.9%	5.6%

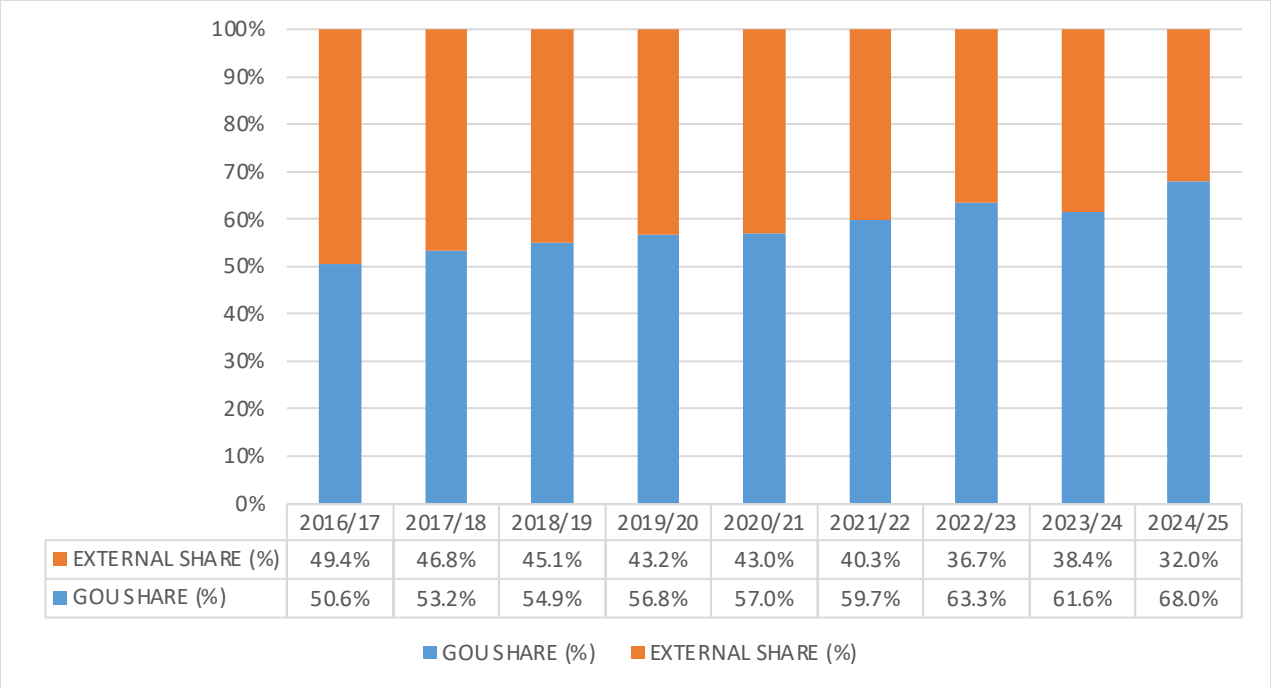
Table 62 above indicates allocations for the last 5 years of the NDP III implementation period; and the average allocation to the health sector was at **6.9%** of the National Budget.

Figure 57: Allocation Trends to Health During the NDP III



The trends in allocations, as depicted in Figure 59 above, demonstrated the commitment and consistency of Government to maintain the allocations to the health sector above a threshold despite budget constraints.

Figure 58: Budget Allocation Trends in Health by Funding Source



	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
EXTERNAL SHARE (%)	49.4%	46.8%	45.1%	43.2%	43.0%	40.3%	36.7%	38.4%	32.0%
GOU SHARE (%)	50.6%	53.2%	54.9%	56.8%	57.0%	59.7%	63.3%	61.6%	68.0%

In the financial year under review, GoU funding stood at 68% compared to donor support at 32% (Figure 60). Over the years, as external financing has been reducing, domestic allocations have been increasing to sustain essential health services and strengthen health system performance. Strengthening integration of off-budget resources into national planning, reporting and accountability mechanisms remain pertinent to ensuring efficient resource use within the sector.

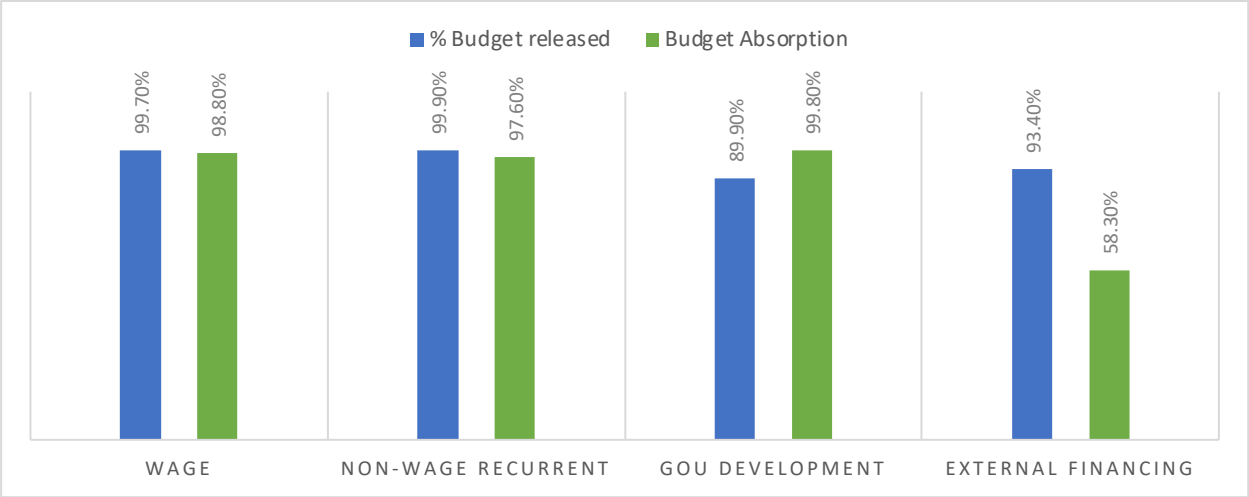
2.6.2 Budget Performance for FY 2024/25

As per Table 63 below; the overall budget absorption under the health sub-program in FY 2024/25 was **86.2%.** Also, releases to the sector improved from 90% in FY 2023/24 to **97.2%** in FY 2024/25. However, under the development budget **Ugx 23.4 Bn** was not released which affected the completion rate of health facilities under the UPDF Engineering Brigade.

Table 63: Health Sector Budget Performance for FY 2024/25 by Budget Category in Ugx. Billions

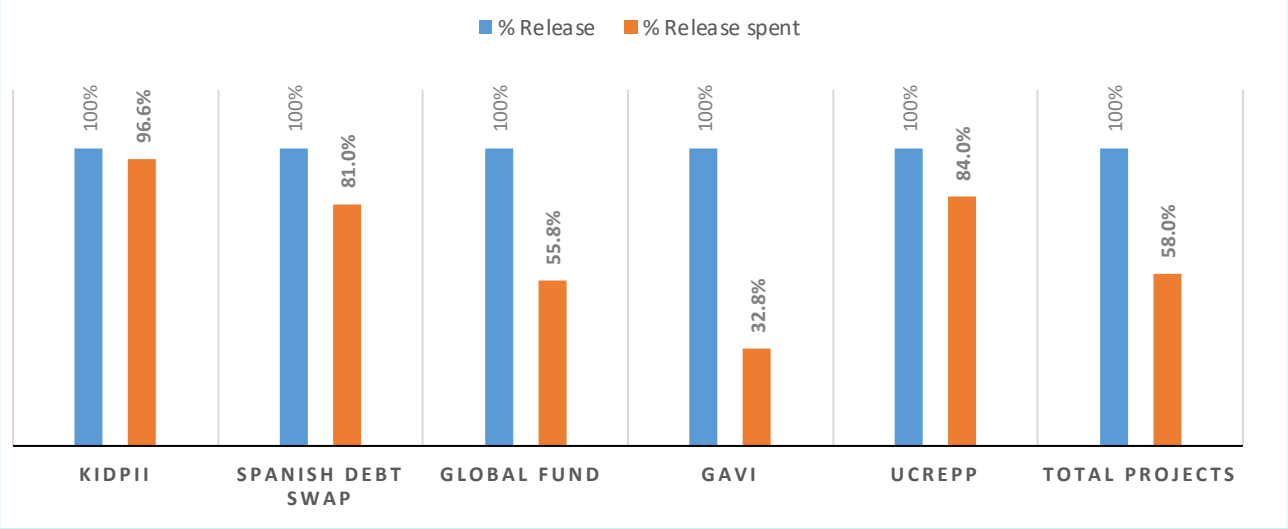
Budget Category (Ugx Bns)	Approved Budget	Supplementary Budget	Revised Budget	% Share	Budget released (%)	Budget Absorption (%)
Wage	1,234.38	6.30	1,240.68	30.5%	99.7%	98.8%
Non-Wage Recurrent	1,298.90	15.51	1,314.41	32.3%	99.9%	97.6%
GoU Development	196.11	35.47	231.58	5.7%	89.9%	99.8%
External Financing	1,283.17	-	1,283.17	31.5%	93.4%	58.3%
Total	4,012.56	57.28	4,069.84	100%	97.2%	86.2%

Figure 59: Graph showing Health Sector Budget Performance by Category for FY 2024/25



The total budget under the health sector released was **97.2%** and as already shown, **86.2%** was spent during the fiscal year. The performance of external financing stood at **58.3%** and the major cause of this dismal performance was attributed to delays in procurements, seeking no objections from funders and poor submission of accountabilities from Local Governments that received subventions from Gavi to support immunization programs.

Figure 60: Budget Performance for Externally Funded Projects



From the Figure 62 above, the performance of the following projects i.e., Karamoja Infrastructure Development Project, Rehabilitation of General Hospitals (Spanish swap) and UCREPP project was impressive with budget absorption above 80%. However, lower absorption rates were noted under the Global Fund (56%) and Gavi (33%) resulting from budget execution issues as indicated above. There is a need for the sector to address the delayed implementation of donor-supported projects by identifying root causes and implementing measures to enhance service delivery.

2.6.3 Budget Performance by Health Institutions and Hospitals

Table 64: Performance by vote under Health Sub-Program in FY 2024/25

Vote Code	Vote Name (Ugx Bns.)	Approved Budget	Revised Budget	Release	Spent	% Release	Absorption
14	Ministry of Health	1,343.86	1,356.15	1,354.54	854.916	99.90%	63.10%
107	Uganda AIDS Commission	16.793	18.793	18.793	16.85	100.00%	89.70%
114	Uganda Cancer Institute	129.922	139.296	82.077	82.077	58.90%	100.00%
115	Uganda Heart Institute	147.492	147.651	100.408	100.137	68.00%	99.70%
116	National Medical Stores	721.038	721.038	721.038	721.038	100.00%	100.00%
122	KCCA	14.33	14.33	14.33	14.33	100.00%	100.00%
134	Health Service Commission	11.217	11.217	11.217	10.199	100.00%	90.90%
151	Uganda Blood Transfusion Service	29.067	31.647	31.647	28.332	100.00%	89.50%
401	Mulago Hospital Complex	119.206	119.206	111.602	111.557	93.60%	100.00%
402	Butabika Hospital	21.229	21.229	21.229	21.008	100.00%	99.00%
403	Arua Referral Hospital	12.711	12.711	12.711	12.375	100.00%	97.40%
404	Fort Portal Referral Hospital	13.636	13.636	13.633	12.479	100.00%	91.50%
405	Gulu Referral Hospital	15.636	15.636	15.636	14.822	100.00%	94.80%
406	Hoima Referral Hospital	13.501	13.501	13.501	12.998	100.00%	96.30%
407	Jinja Referral Hospital	22.144	22.144	22.144	19.913	100.00%	89.90%
408	Kabale Referral Hospital	12.133	12.133	12.084	11.77	99.60%	97.40%
409	Masaka Referral Hospital	12.631	13.231	13.231	12.62	100.00%	95.40%
410	Mbale Referral Hospital	21.284	21.284	21.24	21.163	99.80%	99.60%

Vote Code	Vote Name (Ugx Bns.)	Approved Budget	Revised Budget	Release	Spent	% Release	Absorption
411	Soroti Referral Hospital	11.966	11.966	11.966	11.835	100.00%	98.90%
412	Lira Referral Hospital	17.694	17.694	17.472	17.188	98.70%	98.40%
413	Mbarara Referral Hospital	17.894	17.894	17.894	17.201	100.00%	96.10%
414	Mubende Referral Hospital	13.674	13.674	13.674	13.326	100.00%	97.50%
415	Moroto Referral Hospital	12.256	12.737	12.736	12.289	100.00%	96.50%
416	Naguru Referral Hospital	12.821	12.821	12.821	12.019	100.00%	93.70%
417	Kiruddu Referral Hospital	26.63	28.63	28.629	28.059	100.00%	98.00%
418	Kawempe Referral Hospital	23.632	23.632	23.632	22.19	100.00%	93.90%
419	Entebbe Regional Referral Hospital	11.758	11.758	11.758	11.33	100.00%	96.40%
420	Mulago Specialized Women and Neonatal Hospital	31.09	31.09	31.09	29.163	100.00%	93.80%
421	Kayunga Referral Hospital	12.764	14.154	14.154	13.545	100.00%	95.70%
422	Yumbe Referral Hospital	11.797	11.887	11.887	11.682	100.00%	98.30%
127	UVRI	7.12	7.213	7.213	6.993	100.00%	96.90%
612	Local Governments	1,123.63	1,149.85	1,149.85	1,149.85	100.00%	97.7%
	TOTAL	4,012.55	4,069.83	3,955.84	3,435.26	97.20%	86.20%

Table 64 above shows that the average release to the sector was at **97.2%** with low releases only under the Uganda Cancer Institute (UCI) and Uganda Heart Institute (UHI) under the projects supported by development partners under both votes. i.e., the Uganda Heart Institute Infrastructure Development Project and the ADB Support to UCI Project. However, the low expenditure noted was at Ministry of Health (63.1%), UBTS (89.5%) and Uganda Aids Commission (89.7%).

Data on Regional Referral Hospitals (RRHs) indicates that out of the Ugx 327 billion allocated, 99.9% was released and 95.8% was spent. This represents a satisfactory level of performance. RRHs such as Fort portal, Gulu, Jinja, Kawempe, Naguru and Mulago Specialized Women & Neonatal Hospital did not absorb all the funds due to delays to obtain clearance, to recruit staff under the new structure, from Ministry of Public Service.

2.6.4 Emerging Issues

The emerging issues under health financing include:

- **Growing domestic fiscal commitment:** The Government of Uganda's share increased from UGX 2,582 billion in FY 2023/24 to UGX 2,786 billion in FY 2024/25, marking a 7.9% rise in domestic resources despite fiscal constraints and reduced external inflows.

- **Decline in external assistance:** On budget development partner support fell by 18% reflecting global aid contractions mainly due to the United States (US) Government withdraw of funding from the health sector.

- **Persistent fragmentation of off-budget resources:** There are considerable resources under off-budget financing that continue to flow outside government systems that is not easy to track and this requires budgets being aligned into one budget, one plan and an integrated monitoring system for better health outcomes.

Government has adopted the following initiatives to improve health financing:

- **Revise the health financing strategy** and align it to the aspirations in the fourth national development plan, human capital development Programme implementation action plan, the health institutional strategic plans, and the national tenfold growth strategy.

- **Fasttrack the institutionalization and rollout the digital off-budget reporting and tracking tool:** Accelerate the digitalization of the off-budget resource tracking exercise and the development of a virtual pool including linkage to the Aid Management Platform. This will ensure real-time data capture, reduce duplication, and enhance transparency across development partner portfolios.

- **Enhance domestic resource mobilization for health:** Building on the 6% increase in GoU financing, explore innovative financing options such as increasing health taxes, social health insurance contributions, and efficiency gains from inter-governmental fiscal transfers to sustain service delivery.

- **Promote joint monitoring and accountability frameworks:** Institutionalize periodic joint financial and programmatic reviews between MoH, MoFPED, and DPs to assess value for money, track progress against commitments, and harmonize reporting cycles.

- **Enhance communication of financing data and results:** Publish annual off-budget and on-budget financing dashboards and summaries for stakeholders and the public to foster transparency, trust, and mutual accountability.

CHAPTER

3

PERFORMANCE OF LOCAL GOVERNMENTS, HEALTH FACILITIES AND COMMUNITY HEALTH SERVICES

Dr. Diana Atwine Kanzira Permanent Secretary for Uganda's Ministry of Health handovers certificate to a Community Health Health Extension worker in Lwengo district

3.1 NATIONAL AND REGIONAL LEAGUE TABLES

The local government assessment is based on the league table against several selected indicators during FY 2024/2025 there were 145 local governments (Districts and Cities) and Kampala Capital City Authority. This section will show the league performance for all the 145 local governments and KCCA as well as the regional level based on the 15 UBOS sub regions. The municipal council's performance consolidates with the performance of their host district.

3.1.1 The National League Table

The national average score for local government league table increased from 73.6% in the FY 2023/2024 to 76.9 in FY 2024/2025 with 50% of the local governments scoring above the national average of 75.4. Table 56 below shows the total ranking scores by LG in FY 2024/2025. Detailed league table core per indicator is in annex 5.1

Table 68: Local Government Ranking for FY 2024/25

District	Total Population (UBOS Dec 2024)	Total Score	National Ranking	District	Total Population (UBOS Dec 2024)	Total Score	National Ranking
Kiruhura	203,502	92.3	1	Nakaseke	251,398	75.9	75
Bundibugyo	264,778	89.4	2	Zombo	312,621	75.8	76
Mbale	290,356	89.0	3	Masindi	342,635	75.7	77
Lira City	245,132	88.7	4	Namisindwa	257,346	75.7	78
Amolatar	188,715	87.1	5	Iganga	426,958	75.5	79
Bududa	268,970	85.4	6	Kasese	853,831	75.4	80
Bunyangabu	219,012	85.3	7	Kitgum	239,655	75.4	81
Jinja City	279,184	85.2	8	Kagadi	471,111	75.3	82
Kwania	216,125	85.1	9	Kyegegwa	501,120	74.9	83
Ibanda	309,466	84.8	10	Mpigi	326,690	74.7	84
Abim	144,084	84.7	11	Kaliro	286,397	74.6	85
Rubanda	249,454	84.5	12	Kotido	219,734	74.6	86
Kazo	208,898	84.2	13	Kapchorwa	133,621	74.6	87
Gulu City	233,271	84.2	14	Maracha	234,712	74.4	88
Isingiro	635,077	84.1	15	Kole	294,301	74.3	89
Mitooma	226,009	83.7	16	Kyotera	275,917	74.3	90
Oyam	477,464	83.7	17	Budaka	281,537	74.3	91
Pakwach	206,961	83.5	18	Bulambuli	235,391	74.2	92
Bukwo	114,396	83.4	19	Kibaale	237,649	73.8	93
Masaka	115,455	83.3	20	Moyo	109,572	73.7	94
Kabale	285,588	83.3	21	Kyankwanzi	278,432	73.7	95
Manafwa	186,917	83.2	22	Namutumba	311,339	73.2	96
Agago	307,235	83.2	23	Mityana	407,386	73.1	97
Otuke	161,069	83.0	24	Namayingo	266,716	73.1	98
Mbale City	290,414	82.6	25	Mubende	522,015	72.9	99
Koboko	271,781	82.5	26	Moroto	103,639	72.9	100
Nebbi	299,398	82.3	27	Ntungamo	552,786	72.5	101
Adjumani	300,590	82.2	28	Kabarole	230,368	72.3	102
Dokolo	215,625	82.1	29	Bukedea	282,864	72.2	103
Luwero	616,242	81.5	30	Jinja	280,905	71.8	104
Kiboga	183,255	81.2	31	Kassanda	314,008	71.8	105

District	Total Population (UBOS Dec 2024)	Total Score	National Ranking
Pallisa	334,697	81.2	32
Rukungiri	376,110	81.0	33
Bugiri	480,345	80.5	34
Sironko	298,363	80.2	35
Rubirizi	168,211	80.1	36
Napak	211,830	80.0	37
Apac	221,962	79.9	38
Kamwenge	337,167	79.9	39
Kakumiro	428,176	79.8	40
Arua City	371,000	79.7	41
Bushenyi	283,392	79.5	42
Kibuku	249,441	79.3	43
Amuria	251,653	79.2	44
Madi-Okollo	178,051	79.2	45
Kaberamaido	140,986	79.0	46
Lamwo	213,156	78.6	47
Serere	252,275	78.6	48
Buhweju	167,921	78.5	49
Omoro	207,339	78.3	50
Tororo	609,939	78.3	51
Kumi	286,992	78.2	52
Lira	242,216	78.0	53
Alebtong	283,509	78.0	54
Nabilatuk	136,785	78.0	55
Kanungu	310,062	77.9	56
Kikuube	379,547	77.9	57
Nakapiripirit	111,681	77.7	58
Kween	129,277	77.7	59
Amuru	247,574	77.7	60
Mbarara City	264,425	77.5	61
Kamuli	540,252	77.5	62
Nwoya	220,593	77.4	63
Rukiga	132,355	77.4	64
Ntoroko	114,858	77.2	65
Obongi	142,983	77.0	66
Buyende	403,486	77.0	67
Busia	412,671	76.9	68
Pader	240,159	76.6	69
Yumbe	945,100	76.5	70
Lyantonde	133,017	76.2	71
Katakwi	234,332	76.1	72
Fort Portal City	137,549	76.1	73
Kitagwenda	184,947	76.0	74

District	Total Population (UBOS Dec 2024)	Total Score	National Ranking
Sheema	298,363	71.7	106
Mayuge	577,563	71.5	107
Mukono	929,224	71.3	108
Kiryandongo	364,872	71.1	109
Kampala	1,797,722	70.8	110
Hoima City	143,304	70.7	111
Gulu	135,373	70.5	112
Rwampara	162,967	70.0	113
Amudat	203,358	69.9	114
Terego	323,253	69.9	115
Butaleja	312,771	69.3	116
Kaabong	264,631	69.0	117
Kayunga	439,175	68.8	118
Kalungu	221,569	68.6	119
Gomba	199,120	68.5	120
Kyenjojo	543,998	68.2	121
Lwengo	325,263	68.0	122
Wakiso	3,411,177	67.7	123
Luuka	298,639	67.7	124
Nakasongola	226,074	67.7	125
Masaka City	294,166	67.5	126
Soroti City	134,199	67.1	127
Kalangala	74,411	66.8	128
Kapelebyong	143,536	66.8	129
Mbarara	174,039	66.5	130
Buliisa	167,894	66.2	131
Kalaki	149,736	65.9	132
Rakai	346,885	65.9	133
Buikwe	520,158	65.7	134
Sembabule	358,123	65.2	135
Butambala	146,516	64.7	136
Bugweri	211,511	64.1	137
Karenga	100,375	64.0	138
Kisoro	433,662	63.4	139
Buvuma	110,832	63.2	140
Ngora	213,777	63.2	141
Bukomansimbi	197,568	61.1	142
Hoima	257,544	60.2	143
Butebo	171,433	58.8	144
Soroti	266,189	57.8	145
Arua	384,656	54.3	146
National	**45,796,466**	**76.9**	

Table 69: Cities Ranking for FY 2024/25

District	Total Population (UBOS Dec 2024)	Total Score %	National Ranking
Lira City	245,132	88.4	1
Jinja City	279,184	85.4	2
Gulu City	233,271	84.4	3
Mbale City	290,414	82.8	4
Arua City	371,000	79.7	5
Mbarara City	264,425	73.2	6
Fort Portal City	137,549	72.2	7
Kampala	1,797,722	71.0	8
Hoima City	143,304	70.8	9
Masaka City	294,166	64.3	10
Soroti City	134,199	64.2	11
National	**4,190,366**	**80.4**	

3.1.2 The Regional League Table

The regional league table has been compiled based on UBoS regions (Table 70). The best performers were Lango (64%), Bugisu (63.4%) and Acholi (63.9%). The worst performers were South Buganda (54.7%), North Buganda (58.9%) and Bunyoro (53.5%).

Table 70: Regional League Table Ranking

Region	Population	Scores				
	2024/25	2024/25	2023/24	2022/23	2021/22	2020/21
Lango	2,546,118	84.7	69.6	74.7	58.9	64.0
Bugisu	2,205,051	84.2	80.0	76.9	66.0	63.4
Acholi	2,044,355	84.1	72.7	71.7	60.5	63.9
West Nile	4,184,317	79.4	72.5	68.7	51.6	62.1
Kigezi	1,787,231	79.3	80.2	76.5	63.4	66.5
Karamoja	1,392,478	79.0	72.1	73.0	62.4	62.4
Tooro	3,387,628	78.7	75.7	68.8	61.2	64.3
Ankole	3,655,056	77.4	70.3	68.7	51.5	63.3
Bukedi	2,201,056	77.3	72.7	66.7	54.2	62.4
Kampala	1,797,722	74.8	76.5	75.6	44.4	63.6
Busoga	4,534,728	73.1	66.3	58.6	44.9	64.3
Teso	2,356,539	72.7	73.7	71.2	53.7	63.9
Bunyoro	2,792,732	67.7	66.8	58.4	42.7	53.5
North Buganda	4,798,199	66.3	66.5	68.8	43.7	58.9
South Buganda	6,425,877	65.2	51.0	57.7	42.6	54.7

3.2 HEALTH FACILITY LEVEL PERFORMANCE

Health Facilities in Uganda are categorized by level of care into Health Centres (Level II, III & IV) and Hospitals (General, Regional Referral, National Referral and Specialized referral Hospitals) and by ownership into Public, Private Not for Profit and Private Health Practitioners. The Health Centres provide primary health care services with Health Centres IIIs providing Basic EmONC services and Health Centre IVs providing comprehensive EmONC services. General Hospitals provide general surgical services in additional comprehensive EmONC services. The referral Hospitals provide a range of services that also include specialist services.

In 2023 the Health Sub program adopted use of Ambulatory Patient Groups (APGs) and Diagnosis Related Groups (DRGs) to measure the volume of outputs from the outpatient and inpatient services respectively. DRG is a patient classification scheme which provides means of relating the type of inpatients a health facility treats (i.e., it's case mix) to the costs incurred by the health facility to treat those patients. They are used to group patient cases with similar clinical conditions and treatment needs into categories or groups to which relative weights are attached.

The relative weight considers the principal diagnosis, treatment or procedure received as well as patient characteristics.

APGs are like DRGs but relate to the outpatients managed by the facility. Each outpatient visit is assigned to an Ambulatory Patient Group based on the principal diagnosis, procedure or assessment conducted as well as patient characteristics. Each APG is also assigned a relative weight based on the relative cost of services consumed.

The APGs and DRGs give a more accurate/detailed estimation of the volume or quantity of outputs produced by each health facility when compared to the previously used Standard Unit of Output which never considered the complexity of cases managed by facilities at different levels. The DRGs/APGs were updated during the piloting of the revised private wing guidelines and a new version Uganda DGR/APG Version 2.6 was used. Ranking comparisons of absolute DRG/APG with those from FY 23/24 is therefore not feasible.

Performance of the health facility was also assessed using quality and efficiency indicators.

The quality indicators included.

01 Inpatient Case fatality rate

02 Institutional Perinatal Mortality Rate

03 Institutional Neonatal Mortality Rate

04 Institutional Maternal Mortality Rate

While the efficiency indicators included.

1 Bed Occupancy Rate (BOR)

2 Average Length of Stay (ALOS)

The health facility League Tables have been prepared using relative ranking with the best performing hospital on a given indicator given full mark for that indicator and others ranked relative to the best performer. The National and Specialized hospitals are not ranked as they offer very different services.

3.2.1 Health Facility Outputs by Level of Care and Ownership

Table 71 and 72 below show the contribution of APGs and DRGs by level of care and ownership. Health centres provided 92% of the outpatient services and 39 % of the inpatient services. The proportion of services contributed by health centres increased indicating that on average the population tended to use the PHC facilities as the first point of care.

Public facilities contributed 83% of outpatient services and 73% of inpatient services, remaining the main stay of service provision. However, the limited reporting in the DHIS2 by PHP facilities needs to be taken into consideration especially for outpatient services.

Table 71: APG Contribution by Level of Care and Ownership

		NRH	RRH	GH	HC IV	HC III	HC II	Total	%
	GoU	488,876	835,812	2,963,329	2,321,268	44,215,922	23,539,457	74,364,664	**83%**
	PNFP	0	485743	1,704,501	81,821	5,002,399	3,487,105	10,761,569	**12%**
	PHP	0	0	797,298	45,880	907,585	2,513,414	4,264,177	**5%**
FY 24/25	**Total**	**488,876**	**1,321,555**	**5,465,128**	**2,448,969**	**50,125,907**	**29,539,976**	**89,390,410**	**100%**
	%	**1%**	**1%**	**6%**	**3%**	**56%**	**33%**	**100%**	
FY 23/24	**Total**	**395,194**	**2,896,470**	**17,503,507**	**9,353,101**	**49,533,023**	**31,049,633**	**110,730,928**	100%
	%	**0.4%**	**2.6%**	**15.8%**	**8.4%**	**44.7%**	**28.0%**	**100%**	

Table 72: DRG Contribution by Level of Care and Ownership

		NRH	RRH	GH	HC IV	HC III	HC II	Total	%
	GoU	636,789	458,511	459,009	564,959	404,600	6,911	2,530,779	**73%**
	PNFP	0	85,712	382,169	55,471	182,561	26,863	732,776	**21%**
	PHP	0	0	83,445	24,144	47,342	26,863	181,794	**5%**
FY 24/25	**Total**	**636,789**	**544,223**	**924,623**	**644,573**	**634,503**	**60,638**	**3,445,349**	**100%**
	%	**18%**	**16%**	**27%**	**19%**	**18%**	**2%**	**100%**	
FY 23/24	**Total**	**535,048**	**2,282,250**	**2,815,704**	**623,062**	**1,506,550**	**131,258**	**7,903,138**	**100%**
	%	**6.7%**	**28.8%**	**35.6**	**7.9%**	**19.0%**	**1.9%**	**100%**	

3.2.2 Performance of National Referral and Specialised Hospitals

3.2.2.1 APGs and DRGs for National Referral and Specialised Hospitals

National and Specialised Hospitals contributed 18% of the total DRGs and 1% of the APGs. However, Uganda Heart Institute and Uganda Cancer Institute have not been included in the analysis. Overall, a reduction of 10% in percentage contribution by NRH is noted which could signal increased utilization of lower-level facilities within Kampala metropolitan area.

Table 73: APG & DRGS SCORES for National Referral and Specialised Hospitals FY 2024/25

NR Hospital	No. of Admissions	Total OPD	APGs	DRGs
Butabika	8,543	100,470	65,141	16,288
Naguru	20,204	174,046	84,967	25,039
Kawempe	53,990	63,042	86,249	117,465
Kiruddu	13,878	165,699	64,468	102,593
Mulago	67,041	350,213	144,804	364,172
Mulago SWN	6,118	7,091	43,246	11,232
Total FY 24/35	**169,774**	**860,561**	**488,876**	**636,789**
Total FY 23/24	**164,419**	**701,543**	**395,194**	**535,048**

3.2.2.2 Service Quality Outcome at NRHs

The overall in-patient case fatality rate for National Referral and Specialised Hospitals improved from 90/1,000 in FY 23/24 to 47/1000 in FY 24/25 with the range also improving from 10-160/1000 to 9-111/1,000. The low inpatient mortality rate for Butabika is expected given it is a specialised mental health hospital.

Compared to FY 23/24, the average Institutional Perinatal Mortality Rate at this level improved from 93/1,000 to 84/1,000 and the neonatal mortality rate also improved from 57/1,000 to 49/1,000. The maternal mortality risk at NRHs decreased from 561/100,000 to 512/100,000 live births.

Mulago SWNH continued to have sharp increases in IMMR from 895/100,000 in FY 22/23 to 1456/100,000 in FY 23/24 to 2,217/100,000 live births in FY 24/25 this needs to be further analysed and remedied.

Table 74: Service Quality Assessment for National Referral and Specialised Hospitals FY 2024/25

NR Hospital	Admissions	Deaths	Inpatient Case Fatality Rate	Deliveries	Perinatal death /1000	Neonatal mortality rate	Maternal deaths	IMMR /100,000
Butabika	8,543	74	9	-		-	-	
Naguru	20,204	407	20	8,746	43	24	11	126
Kawempe	53,990	1,496	28	19,305	104	63	105	544
Kiruddu	13,878	1,535	111	-			-	
Mulago	67,041	4,274	64	-			-	
Mulago SWN	6,118	212	35	1,624	56	22	36	2,217
Total	**169,774**	**7,998**	**47**	**29,675**	**84**	**49**	**152**	**512**

3.2.2.3 Bed Occupancy rate (BOR) & Average Length of Stay (ALOS) at NRHs

The average BOR for NRHs increased from 91% to 103% with Butabika, Naguru and Kawempe having BOR above 100% and therefore in need of additional infrastructure. There was no change in the overall ALOS for National Referral and Specialised hospitals at 6 days. Butabika NMRH continued to have a high ALOS of 52 days, which partly explains its high BOR. Mulago SWNH bed occupancy rate decreased further from 29% to 27%, making the hospital significantly underutilized. The new guidelines for private healthcare services are expected to improve their utilisation.

Table 75: BOR and ALOS for National Referral and Specialised Hospitals in FY 2024/25

NR Hospital	No. of Beds	No. of Admissions	Bed Occupancy Rate	ALOS
Butabika	504	8,543	243	52.4
Entebbe Paediatric Surgery Specialized Hospital	55	1,821	65	7.1
Naguru	100	20,204	133	2.4
Kawempe	370	53,990	109	2.7
Kiruddu	312	13,878	86	7.1
Mulago	1,188	67,041	54	3.5
Mulago SWN	151	6,118	27	2
Total	**2,680**	**169,774**	**103**	**6**

3.2.3 Performance of Specialised Health Facilities

3.2.3.1 Uganda Cancer Institute

Cancer Diagnosis and Treatment at the Uganda Cancer Institute, FY 2024/25

During the Financial Year 2024/25, the Uganda Cancer Institute (UCI) registered a total of **8,372** new patients (Table 64). Female patients consistently outnumbered males in all quarters, accounting for approximately **55%** of total new cases. The highest number of new cases were recorded in Q3 (2,228 patients). Cervical and breast cancers remained the leading diagnoses. A total of **80,438** chemotherapy infusions were administered during the year, averaging approximately **20,110** sessions per quarter. A cumulative total of **68,125** radiotherapy sessions were provided, averaging about **17,031** sessions per quarter.

Table 76: Cancer Diagnosis and Treatment at the Uganda Cancer Institute, FY 2024/25

Metrics	Q1	Q2	Q3	Q4	Total
New Patients	2,107	1,928	2,228	2,109	8,372
Male	905	854	995	980	3,734
Females	1,202	1,074	1,233	1,129	4,638
Diagnosis (Newly diagnosed)					
Cervix	242	224	289	248	1,003
Breast	213	174	236	208	831
Prostate	199	170	221	195	785
Esophagus	136	143	157	109	545
Colorectal	80	77	99	82	338
Treatments given					
Number of Chemotherapy Infusions	20,252	21,479	17,660	21,047	80,438
Number of Radiotherapy treatment sessions	17,400	16,412	17,207	17,106	68,125
Number of Surgeries (static)	374	309	393	408	1,484
Radiology					
Interventional Procedures	249	205	170	207	831
CT scan	2,129	1,708	2,113	1,461	7,411
Mammography	168	180	156	133	637
Laboratory					
Chemistry and Tumor Markers	195,283	227,226	211,368	231,254	865,131
Histopathology	1,935	1,705	1,845	1,830	7,315
Cytology	407	760	565	578	2,310
Immunohisto-Chemistry (IHC)	3,344	2,841	3,102	2,968	12,255
HPV Genotyping	562	770	150	170	1,652

3.2.3.2 Uganda Heart Institute

During the financial year 2024/25, the Uganda Heart Institute performed a wide range of pediatric and adult closed-heart, open-heart, and vascular (VAS) procedures.

Pediatric cardiac and vascular surgeries

A total of 201 pediatric cardiac and vascular surgeries were performed comprising 77 closed heart (52%), 105 open-heart (38%), and 19 vascular surgeries (10%). The most frequently performed closed-heart operation was Patent Ductus Arteriosus (PDA) repair, accounting for 86% (66/77) of all closed-heart surgeries. Among open-heart surgeries, Ventricular Septal Defect (VSD) closure was the leading procedure, with 55 operations performed, representing more than 50% of all open-heart cases. In the vascular category, AV Fistula Creation was the most common procedure with 9 cases, constituting nearly half (47%) of all VAS operations.

Table 77: Pediatric Cardiac and Vascular Surgical Procedures Performed at the Uganda Heart Institute, FY 2024/2025

Paediatric Cardiac Closed Heart Surgery	Q1	Q2	Q3	Q4	Total
Coarctation of Aorta (CoA) repair	0	1	1	0	2
Patent Dactus Arteriousus (PDA)	13	19	20	14	66
Permanent Pacemaker Implantation	1	2	0	0	3
Re-exploration (Bleeding, infection)	0	0	0	2	2
Sub-total Pericardiectomy	0	1	1	0	2
PA Band	0	0	0	2	2
Aortic Valve Replacement (AVR)	0	0	1	1	2
Atria Septal Defect Closure (ASD)	5	5	8	6	24
Double Valve Replacement (DVR)	0	0	0	1	1
Mitral Valve Repair	1	2	0	3	6
Resuction of subaortic membrane plus septal myotomy	0	1	1	2	4
Tetralogy of Fallot	2	2	5	3	12
Ventricular Septal Defect Closure (VSD)	19	12	11	13	55
Muscle Bundle Resection	0	0	0	1	1
AV Fistula Creation	7	0	2	0	9
Embolectomy and Fasciotomy	0	1	1	0	2
Exploratory Thoracotomy	0	0	0	1	1
Femoral Vein Injury	0	0	1	0	1
Peripheral aneurysm repair / Vascular bypass	0	1	0	0	1
Venous stripping	0	0	2	0	2
BT shunt	0	0	1	0	1
Emergency exploration and repair of the artery	0	0	1	0	1
Coarctation of Aorta repair	0	0	0	1	1

Pediatric cardiac catheterization and interventional procedures

During the financial year 2024/25, the Uganda Heart Institute performed a total of 106 pediatric cardiac catheterization and interventional procedures. Patent Ductus Arteriosus (PDA) Closure was the most frequently performed intervention, accounting for 56 procedures or approximately 53% of all cases (Table. 66).

Table 78: Paediatric Catheterization Procedures done in FY 2024/2025

Procedures	Q1	Q2	Q3	Q4	Total
Patent Ductus Arteriosus (PDA) Device Closure	18	10	21	7	56
Diagnostic Cath	6	0	6	5	17
Balloon Pulmonary Valvotomy (BPV)	4	3	3	1	11
PPV	1	0	0	0	1
Ventricular Septal Defect Closure	3	2	0	1	6
Valvular Pulmonary Stenosis	1	0	0	0	1
Atria Septal Defect Closure	1	0	1	1	3
COA Stenting	1	0	1	0	2
TEE	1	0	0	0	1
B.A.S.	1	1	0	2	4
TGA	0	1	0	0	1
DORV	0	1	0	0	1
Truncus Arteriosus	0	1	0	0	1
Regurgitation	0	1	0	0	1
Total	**0**	**0**	**0**	**0**	**106**

Adult cardiac and vascular surgeries

A total of 123 adult cardiac and vascular surgeries were performed comprising 14 closed-heart (11%), 40 open-heart (33%) and 69 vascular surgeries (56%). The most frequently performed closed-heart operation was Pericardiectomy.

Among open-heart surgeries, Mitral Valve Repair was the most frequent procedure, with 26 operations performed. In the vascular category, Venous stripping/Radiocephalic fistula diaphramatic hernia was the most common procedure with 27 cases (Table. 67)

Table 79: Adult Cardiac and Vascular Surgical Procedures Performed at the Uganda Heart Institute, FY 2024/2025

Adult Cardiac Closed Heart Surgery	Q1	Q2	Q3	Q4	Total
Coarctation of Aorta (CoA) repair	1	0	0	0	1
Pericardial Window	1	0	1	1	3
Re-exploration (Bleeding, infection)	1	0	2	0	3
Pericardiectomy	2	2	2	0	6
Exploration for bleeding	0	0	1	0	1
Aortic Valve Replacement	0	1	0	0	1
Atria Septal Defect Closure (ASD)	4	0	0	0	4
Double Valve Replacement	3	0	3	2	8
Mitral Valve Repair	3	8	7	8	26
Tetralogy of Fallot	0	0	0	1	1
Abdominal Aortic Aneurysm repair	0	1	0	0	1
Aneurysmectomy with Graft Interposition	2	0	1	1	4
AV Fistula Creation	9	6	7	0	22
Repair of Femoral	1	0	1	1	3
Embolectomy and Fasciotomy	1	1	2	0	4
Venous stripping/Radiocephalic fistula diaphramatic hernia	2	8	9	8	27
Excision of the AVM	0	0	1	0	1
Repair of the popliteal artery	0	0	1	1	2
Ligation of arterialized GSV	0	0	1	0	1
CVI	0	0	0	1	1
Pseudoaneurysm repair	0	0	0	1	1
Amputation	0	0	2	0	2
Total	**0**	**0**	**0**	**0**	**123**

Adult cardiac catheterization and interventional procedures

During the financial year 2024/25, the Uganda Heart Institute performed a total of 210 adult cardiac catheterization and interventional procedures. Coronary Angiography plus Percutaneous Coronary Intervention was the most frequently performed intervention, accounting for 62 procedures or (Table. 68).

Table 80: Adult Cardiac Catheterization and Interventional Procedures

Procedures	Q1	Q2	Q3	Q4	Total
Coronary Angiography plus Percutaneous Coronary Intervention	17	9	19	19	64
Percutaneous Coronary Intervention	4	1	1	0	6
IVF Filter Insertion	1	1	4	0	6
Generator Replacement	5	3	2	0	10
Lead repositioning	1	0	0	0	1

Procedures	Q1	Q2	Q3	Q4	Total
Permanent Pacemaker Implantation	9	6	18	29	62
STEMI	10	0	0	0	10
CAG	2	5	21	6	34
Diagnostic cath	1	2	0	1	4
Coronary Artery Disease	1	0	0	0	1
Temporary Pacemaker Implantation	0	0	3	2	5
Balloon Pulmonary Valvotomy (BPV)	0	0	1	2	3
Embolisation	0	0	1	1	2
Coarctation Stenting	0	0	0	1	1
Uterus Fibroid enerbolisation	0	0	0	1	1
Total	**0**	**0**	**0**	**0**	**210**

3.2.3.4 Mulago Specialized Women and Neonatal Hospital

Mulago Specialised Woemn and Neonatal Hospital registers high referrals in 970 (target 300); surgeries 2,979 (target 800); NICU 1,482 (target 400); ultrasound scans 12,459 (target 3,500); total ANC 3,976 and managed several complicated high-risk conditions such as PET severe features and abruption placental.

Table 81: Specialized Inpatient Attendance

Indicator	Target	Q1	Q2	Q3	Q4	Total
		Achieved	Achieved	Achieved	Achieved	
Referrals	300	272	217	265	216	970
Surgeries	800	794	679	628	696	2797
ICU	60	59	61	50	73	243
NICU	400	377	379	384	342	1482
Benign Gynaecology		53	49	61	79	242
Gynaecologic Oncology		18	21	15	23	77
Uro- Gynaecology		61	62	22	17	162
Reproductive Endocrinology and Infertility		6	55	51	54	166
IVF Procedures				93	125	218
Semen Analysis				42	51	93
Semen Preparation for IVF				7	8	15
Oocyte Retrieval				7	8	15
Oocyte Stripping				7	8	15
Intracytoplasmic Sperm Injection (ICSI)				7	8	15
Fertility Check				7	8	15
Embryo Grading				6	9	15
Embryo Freezing				6	9	15
Embryo Warming				2	8	10
Embryo Transfer				2	8	10
NICU				384	342	726

Table 82: Diagnostic Services

Services	Total	Q1	Q2	Q3	Q4	Total
	Target	Achieved	Achieved	Achieved	Achieved	
Images to be taken	4000	3983	3513	3660	3589	14745
X-rays	200	68	40	60	130	298
CT scans	200	146	166	273	465	1050
Fluoroscopies	120	139	176	220	258	793
Ultrasound scans	3500	3616	3059	3088	2696	12459
Mammograms	100	14	46	19	49	128
Laboratory tests	20000	24017	23848	22886	21978	92729

Table 83: OPD for High-Risk Specialised ANC Services

High Risk Clinic	Numbers Attended
ANC Total	3976
Specialized ANC	3660
Postnatal Clinic	794
IVF ANC patients (referred from private hospitals)	40

Table 84: Complicated High-Risk Conditions Managed

Condition	Number
PET severe features	66
Pregnancies conceived by IVF	5
Abruptio placentae	13
Co-joint twins	1
Pregnancies fetal congenital abnormalities	3
Quadriceps's pregnancy	1
Medical conditions in pregnancy	6
Other obstetric complication	75

3.2.3.5 Butabika National Hospital

The hospital recorded a total of 59,931 outpatient department (OPD) visits. **8,544 patients were admitted** during the year, showing that nearly **one in seven OPD clients (14%)** required inpatient management. However, the hospital recorded **1,666 escapes**, equivalent to **about 19% of total admissions**, a major operational and security concern (Table 74).

Table 85: Butabika Hospital Service Utilization Summary

Metric	Total
Total OPD Visits	59,931
Total Admissions	8,544
Total Discharges	5,890
Total Escapees	1,666
Total Deaths	71
Bed Occupancy (%)	~220%

Patient Days and Bed occupancy

The average bed occupancy rate for the year was approximately 224%, more than double the optimal benchmark of 85% recommended by WHO for efficient hospital operations. The highest occupancy was recorded in May (241%) and February (235%), implying that at these points, more than twice the available beds were in use requiring makeshift arrangements, shared spaces, or delayed discharges. Even the lowest occupancy, recorded in July (205%), was still significantly above normal limits, underscoring persistent congestion (Table 75).

Table 86: Patient Days and Bed Occupancy

Month	Total Patient Days	Bed Occupancy
July	34,916	2.05
August	35,994	2.11
September	34893	2.11
October	37507	2.2
November	38547	2.34
December	37410	2.19
January	38137	2.24
February	36231	2.35
March	37596	2.2
April	37499	2.27
May	40999	2.41
June	37940	2.3

3.2.3.6 Kiruddu National Hospital

Dialysis Services:

Dialysis is a medical procedure that cleans blood for people with kidney failure by using a machine to remove waste, toxins, and excess fluid from the body. The Status of Dialysis services at Kiruddu National Referral hospital is as follows:

- Currently **30** machines running on the dialysis ward and **2** machines in ICU
- We carry out on average **60** Sessions daily
- FY 2024/25 we conducted **19,729** dialysis session.
- The Hospital is spearheading the establishment of satellite dialysis sites in Regional Referrals Including Mbarara RRH, Mbale RRH, Lira RRH, Hoima RRH, Kawempe RRH to reduce on the referrals to Kiruddu NRH from across the country.
- The above satellite dialysis sites are already running and supporting patients in those regions, and we plan on bringing on board the rest of the regional referrals.

Burns and Plastic Surgery:

The Burns and plastic unit are under the Directorate of Surgery, currently located at Kiruddu National Referral Hospital Level 4. It is a specialized unit working as the National burns center in Uganda. The status of Burns and Plastic Surgery at Kiruddu National Referral Hospital is as follows:

- Services Offered at our Burns Centre; OPD, Inpatient burns care, plastic surgery services, HDU, nutrition, Physiotherapy, operating theatre services.
- The department has a total admission capacity of **60** beds.
- The department attended to **1,046** inpatients and **5,173** outpatients in the FY 2024/25.
- The department acts as a training center for burns fellows in Africa.

Table 87: In-Patient Admissions FY 2024/2025

Wards	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total
Cardiology	64	62	81	114	84	131	115	81	117	106	127	150	1232
Emergency Ward	312	331	321	272	234	216	269	222	265	240	280	403	3365
Endocrinology	50	39	38	48	36	52	63	55	50	68	60	82	641
Gastro-Entology	75	63	68	83	110	82	100	74	95	114	130	161	1155
HDU Tb Ward	6	7	12	12	8	15	16	12	23	34	33	36	214
Hematology	58	46	39	39	30	57	78	39	63	68	63	72	652
ICU Ward	0	0	0	10	6	2	6	5	9	8	2	2	50
Infectious Diseases	81	78	76	59	95	100	76	83	90	102	91	135	1066
Nephrology	79	79	91	71	79	64	73	71	99	109	116	122	1053
Neurology	49	53	50	60	68	63	62	46	73	65	65	84	738
Private In-Patient	12	7	14	6	12	8	14	9	6	9	7	4	108
Pulmonology	34	44	41	36	43	48	45	36	46	65	78	56	572
Surgical	112	103	107	114	88	85	113	119	143	139	155	150	1428
Total													**13760**

Diagnostics:

Investigations	Number Administered
Endoscopy	135
ECG/ECHO	4214
CT scans	2560

Laboratory Services:

1. The laboratory administered 448,330 in FY 2024/25
2. SANAS accredited lab effective from 9th January 2023 and it is still being retained to date, and we are in the third assessment.

Accredited tests include:

- Serology (HIV, Crag, SHPA, Hepatitis).
- Micro bacteriology (TB).
- Bacteriology (Culture and Sensitivity – Manual and Automated methods). Note that Kiruddu Lab is among the few labs in Uganda that have accreditation for Bacteriology both manual and automation, and they are only 6 in Uganda).
- This has improved several activities in the hospital including trust in the results obtained by our labs both at the national and international level.

3.2.3 Performance of RRHs and Large PNFPs

3.2.3.1 Overall Ranking of RRHs and Large PNFPs

Given the similarity of the patient profile in regional referral and large PNFP hospitals, a relative ranking has been produced based on the following parameters:

- Outputs – 60%
- Quality – 20%
- Efficiency – 20%

The best preforming hospital for a given indicator was given a maximum score for that indicator and other hospitals scored relative to it. The Hospitals were then ranked relative to their total scores. Mbale RRH with a total score of 67% was the best preforming RRH followed by Mengo Hospital 55%.

Honourable Anifah Kawooya Minister for state (General Duties) flags off a Mobile clinic for TB screening

Table 88: Hospital League Table – RRH & Large PNFP

Hospital	Ownership	No. of admissions	Total OPD	No. of deaths	Inpatient Case Fatality Rate (%)	score (max –5)	Total deliveries in the unit	Perinatal death /1000	Score (Max 5)	Neonatal mortality rate	Score (Max – 5)	Maternal deaths	MMR /100,000	Score (Max –5)	Bed Occupancy Rate	Score (max –10)	ALOS	Score (max – 10)	Total APGs	Score (Max –20)	Toatal DRGs	Score (max – 40)	Total Score (%)
Mbale RRH	GOV	55,602	126,913	2,111	4	2	7,188	57	2	10	1	59	821	0	83	7	3	9	68,147	7	97,836	40	67
Mengo Hospital	PNFP	12,550	178,993	171	1	5	3,327	19	5	3	2	2	60	5	40	4	3	8	204,550	20	15,557	6	55
St. Mary's Hospital Lacor	PNFP	24,758	74,510	1,202	5	1	6,872	55	2	38	0	30	437	1	76	7	5	5	125,892	12	33,038	14	41
St. Francis Nsambya Hospital	PNFP	10,705	144,785	242	2	3	2,239	24	4	17	0	3	134	2	23	2	2	10	59,896	6	32,371	13	41
Fort Portal RRH	GOV	24,559	164,957	1,067	4	2	5,579	32	3	4	2	28	502	1	55	5	3	8	39,072	4	42,266	17	41
Masaka RRH	GOV	33,789	182,894	1,469	4	2	9,025	78	1	44	0	35	388	1	67	6	3	10	55,381	5	36,370	15	40
Kayunga RRH	GOV	22,900	139,004	761	3	2	4,849	68	1	28	0	18	371	1	85	8	3	9	68,989	7	25,065	10	38
Mbarara RRH	GOV	43,873	160,041	1,712	4	2	8,701	41	2	5	1	33	379	1	87	8	4	7	47,386	5	32,043	13	38
Hoima RRH	GOV	28,402	93,943	1,005	4	2	7,391	70	1	31	0	40	541	1	91	8	3	8	48,801	5	30,425	12	37
Lira RRH	GOV	32,169	98,400	1,487	5	2	6,487	38	3	1	5	29	447	1	107	10	5	5	61,366	6	14,885	6	36
Entebbe RRH	GOV	14,412	89,469	315	2	3	4,713	35	3	12	1	9	191	2	88	8	6	5	58,505	6	21,460	9	35
Lubaga Hospital	PNFP	8,512	162,729	226	3	3	3,383	21	5	10	1	3	89	3	35	3	3	9	95,477	9	4,746	2	35
Mubende RRH	GOV	27,002	127,213	811	3	2	5,610	61	2	14	1	21	374	1	88	8	3	9	41,939	4	20,358	8	35
Arua RRH	GOV	21,627	125,706	768	4	2	7,501	41	2	7	1	21	280	1	65	6	5	5	52,867	5	30,553	12	34
Gulu RRH	GOV	31,897	171,525	457	1	5	6,632	36	3	10	1	7	106	3	62	5	4	6	45,688	4	14,612	6	33
Jinja RRH	GOV	36,988	161,936	1,492	4	2	5,312	88	1	24	0	31	584	1	77	7	4	6	58,078	6	25,748	11	33
Kabale RRH	GOV	14,879	111,522	497	3	2	3,671	59	2	28	0	6	163	2	113	10	4	6	38,136	4	16,689	7	32
Soroti RRH	GOV	22,158	90,494	971	4	2	3,981	110	1	79	0	21	528	1	111	10	5	5	35,214	3	24,775	10	31
Moroto RRH	GOV	13,080	84,880	462	4	2	1,137	134	1	123	0	9	792	0	99	9	7	4	67,354	7	14,657	6	28
Yumbe RRH	GOV	9,924	45,516	217	2	3	2,854	39	2	13	1	5	175	2	22	2	3	8	48,890	5	10,767	4	27
Total		**433,261**	**1,974,413**	**15,602**	**4**	**2**	**90,631**	**58**	**2**	**21**	**0**	**372**	**410**	**1**	**78**	**7**	**4**	**7**	**961,704**		**458,511**		

3.2.3.2 APGs and DRGs for RRHs and Large PNFPs

The performance of RRHs and Large PNFP is shown in Table 62 above. Large PNFP included high volume PNFP Hospitals. The Total DRGs score for RRHs & large PNFP Hospitals using the revised version of DRG/APG for Uganda (version 2.6) was 458,511 and the total APG was 961,704 which amounted to 16% and 1% as a share of the volume of services produced nationwide. Mbale RRH continued to have a very high DRGs score which is attributed to the hospital having a higher catchment population serving the regions of Bugisu, Sebei and Bukedi. This calls for efforts to decongest Mbale RRHs by establishing referral hospitals for Bukedi and Sebei regions as well as functionalizing the lower-level health facilities in the region.

3.2.3.3 Service Quality Outcomes at RRHs & Large PNFPs

The overall in-patient case fatality rate for RRHs and large PNFP Hospitals reduced to 4% from 7% in FY 23/24, with a range of 2% to 5%. The overall Institutional Perinatal Mortality rate for RRHs and Large PNFP Hospitals increased to 58/1,000 from 52/1,000 live births, the range also widened from 21- 88/1,000 to 19 - 134/1,000 live births when compared with FY 23/24. Institutional NMR increased from 19/1,000 to 21/1,000 live births last FY, with a range of 3-134/1,000 live births compared to a range of 2-45/1,000 live births for FY 23/24. Overall, the neonatal outcomes at RRH level worsened during FY 24/25

The overall IMMR for RRHs and Large PNFP hospitals improved to 410/100,000 from 432/100,000 live births last financial year. IMMR had a range of 60-821/100,000 compared to 88 to 960/100,000 live births last FY. Mbale RRH continued to have a very high IMMR (821/100,000) which could partly be attributed to the high workload but requires a more detailed assessment before wider conclusions are arrived at including for other RRH that have a higher IMMR than NRHs.

3.2.3.1 BOR and ALOS at RRHs & Large PNFPs

The average BOR at RRHs and Large PNFPs increased to 78% from 73%. Soroti, Lira and Kabale had bed occupancy rates over 100% while Mengo, St Francis Nsambya and Yumbe had bed occupancy rates below 50%. The low bed occupancy rates in large PNFP hospitals may point to financial hardships in accessing health services. The ALOS at this level was 4 days with the highest at Moroto (7 days)

The overall bed occupancy in RRHs is at 71% with Kabale, Soroti and Lira Regional referral hospitals having the highest bed occupancy among RRHs up to over 100%. Yumbe, St. Francis Nsambya and Mengo Hospitals have the least occupancy below 40%. The average length of stay in RRHs and large PNFPs is approximately 4 days per patient.

3.2.4 Performance of the General Hospitals

3.2.4.1 APGs and DRGs for GHs

Relative ranking was also used to rank the performance of General Hospitals using the following parameters: Outputs – 60%, Quality – 20% and Efficiency – 20%. The best preforming hospital on a given parameter was given the highest score and the others scored relative to it. The Hospitals were then ranked relative to their total percentage scores.

The top ten and bottom ten hospitals are shown in Table 89 below. Iganga General Hospital was the highest ranked hospital, followed by Luwero General Hospital and Tororo Hospital. Public Hospitals accounted for 6 out of the 10 best performing hospitals due to their high-volume outputs, Employer based PNFP Hospitals also had high volume outputs. Nakasero Hospital, a PHP, was also ranked highly due to a relatively high number of specialized procedures taking place at the hospital. Like last financial year private hospitals dominated the bottom ten ranking mainly because of low volume outputs.

Table 89: Highest and Lowest Ranked General Hospitals

Highest Ranked				Lowest Ranked			
#	Hospital	Ownership	Overall Score	No	Hospital	Ownership	Overall Score
1	Iganga General Hospital	GOV	72	193	Mother Of Mercy Hospital Kyengera Limited	PNFP	15
2	Luwero General Hospital	GOV	65	194	MK International Hospital	PFP	15
3	Tororo General Hospital	GOV	65	195	Women's Hospital International and Fertility Centre	PFP	15
4	Kamuli General Hospital	GOV	62	196	Roswell Women and Children Hospital	PFP	15
5	Lugazi Scoul Hospital	PNFP	62	197	Nkokonjeru Hospital	PNFP	14
6	Kitgum General Hospital	GOV	61	198	St. Francis Nyenga Hospital	PNFP	13
7	Kawolo General Hospital	GOV	58	199	Wynestone Medical centre	PFP	12
8	St. Kizito Matany Hospital	PNFP	58	200	Medi-Pal International Hospital	PFP	12
9	Nakasero Hospital	PFP	57	201	Restoration Gateway Hospital	PNFP	12
10	Kakira Sugar Works Hospital	PNFP	56	202	Jaro Hospital	PFP	9

3.2.4.2 APGs and DRGs for GHs

The Total DRGs from the GHs was 924,628 accounting for 27% of the total DRG output in the country. There was wide variation in total DRGs with Iganga GH producing the highest DRGs score of 22,037 DRGs and Jaro Hospital producing the lowest DRGs of 9.

The total APGs from GH was 5,465,128 accounting for 6% of all APGs produced in the country, an increase of 45% from last FY. Mukono General Hospital produced the highest APGs score of 137,627 while the lowest APGs scoring Hospital was Terrowedde Hospital with 47. The performance of all the GHs is shown in Annex 7.3. Non reporting and incomplete reports continued to be a major challenge for general hospitals, especially the PHP hospitals. It is recommended that regular reporting in DHIS-2 be made a requirement for licensing and reports be validated on a regular basis.

3.2.4.3 Service Quality Outcomes at GHs

The overall in-patient case fatality rate for GHs was 1.5%, a 50% improvement when compared to the 3% reported last financial year. Kagando Hospital reported the highest fatality rate of 4.9%. Targeted support supervision will be required to further understand the issue.

The overall IMMR for GH was 131/100,000 an improvement from the 170/100,000 reported last FY. An exceptionally high IMMR of 1,528/100,000 was reported by EDPA Medical Hospital in Hoima and needs to be investigated further. with a range of 0 to 1,361/100,000 live births. Several general hospitals reported higher than average IMMR. The 20 Hospitals with the highest IMMR are shown in table 8 below. Focused technical support supervision to determine the underlying causes is required.

Table 90: General Hospitals with the highest IMMR

Health Facility	Ownership	IMMR
EDPA Medical Hospital	PFP	1528
Jaro Hospital	PFP	1,266
Victory Women's Medical Care	PFP	714
Kumi (Ongino) Hospital	PNFP	683
Mt. St. Mary's Hospital-DOK	PNFP	615
Villa Maria Hospital	PNFP	600
Amudat Hospital	PNFP	588
Ngora Freda Carr Hospital	PNFP	558
UMC Victoria (Naguru) Hospital	PFP	524
St. Mary's Hospital Lacor	PNFP	437
St. Francis Naggalama Hospital	PNFP	436
Kitovu Hospital	PNFP	404
Kamuli Mission Hospital	PNFP	399
Kitgum General Hospital	GOV	377
Comboni Hospital	PNFP	363
St. Joseph's Kitgum Hospital	PNFP	353
St. Paul (Kasese) Hospital	PNFP	332
Double Cure Hospital	PNFP	330
Kamuli General Hospital	GOV	318
Mutolere Hospital	PNFP	316
Mbale People's Hospital	PFP	313

The overall IPMR improved from 35/1,000 live births in FY 23/24 to 33/1000 live births in FY 24/25. Private facilities tended to have higher IPMR despite having fewer deliveries. Targeted technical support supervision is recommended. The INMR also improved from 11/1,000 live births in FY 23/24 to 10/1000 live births in FY 24/25. The unfavorable perinatal indices require further investigation.

3.2.4.4 BOR and ALOS at GHs

The average BOR at GHs was 78% up from 46% while the average length of stay increased from 3 to 6 days. The significant differences appear to be related to data accuracy.

3.2.5 Health Centre IV Performance

Relative ranking was also used to rank the performance of Health Centre IVs using the following parameters: Outputs – 60%, Quality – 20%, Functionality – 10% and Efficiency – 10%.

Only HC IVs reporting on all parameters were included in the ranking. For the output, quality and efficiency indicators, the best preforming HC IV on a given parameter was given the highest (maximum) score and the others scored relative to it. For the functionality indicators (Caesarean Section and Blood Transfusion services) the HC IV was given a score of 5 points if it offered the service and 0 points if it did not offer the service. The HC IVs were then ranked relative to their total percentage scores. Kisenyi HC IV was the best performing HC IV, followed by Bujubuli HC IV and Aboke HC IV.

The best performing HC IVs were high volume HC IVs with high numbers of APGs & DRGs. A list of the highest and lowest ranked HC IVs is shown in table below.

Table 91: Highest and Lowest Ranked Hc Ivs

No.	District	Health Centre IV	Owner-ship	Total APG	Score (max 20)	Total DRG	Score (Max 40)	Overall Score
Highest Ranked Health Centre IV								
1	Kampala District	Kisenyi	GOV	125,648	20	6,499	28	74
2	Kyegegwa District	Bujubuli	GOV	13,048	2	9,431	40	68
3	Kole District	Aboke	GOV	9,147	1	8,757	37	65
4	Kiryandongo District	Panyadoli	GOV	18,671	3	10,232	43	64
5	Budaka District	Budaka	GOV	20,820	3	7,220	31	61
6	Kikuube District	Kyangwali	GOV	11,218	2	7,154	30	60
7	Kamwenge District	Rwamwanja	GOV	15,845	3	7,567	32	60
8	Wakiso District	Wakiso	GOV	90,682	14	4,444	19	60
9	Kumi District	Kumi	GOV	16,933	3	7,221	31	59
10	Sironko District	Budadiri	GOV	11,213	2	7,032	30	58
Lowest Ranked Health Centre IV								
285	Wakiso District	Frost Hospital	PFP	1,282	0	-	-	10
286	Bukedea District	Kachumbala	GOV	2,381	0	-	-	8
287	Kampala District	Pearl Medical Centre	PFP	797	0	-	-	6
288	Kampala District	Medik Health Centre	PFP	71	0	-	-	5
289	Wakiso District	K.T Medical Centre	PFP	498	0	-	-	5
290	Mukono District	Kingsley Children's Medical Centre	PFP	924	0	-	-	5
291	Kampala District	SAS Clinic	PFP	5	0	-	-	5
292	Mukono District	Gwalibawadde	PFP	-	-	1,045	4	4
293	Kampala District	Naguru Police	GOV	9,042	1	-	-	1
294	Katakwi District	Astu	GOV	1,240	0	-	-	0
				2,448,969		**644,573**		

3.2.5.1 ALOS, BoR, APGs and DRGs for HC IVs

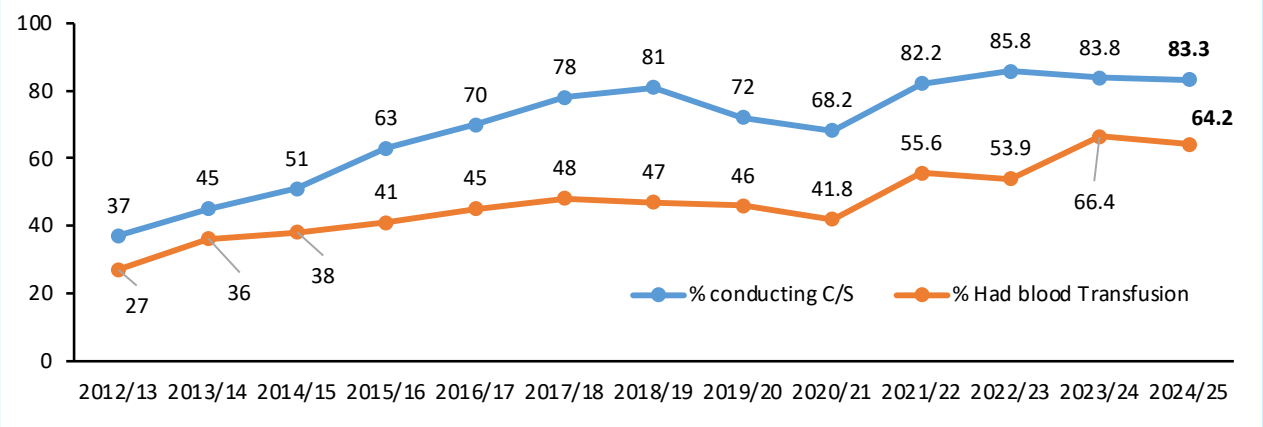
The Total DRGs score from HC IVs was 644,543 accounting for 19% of the total DRGs produced in the country while the total APGs from HC IVs were 2,448,969 accounting for 3% of the total APGs produced in the country. Detailed HC IV rankings are shown annex 7.5

3.2.5.2 Functionality of HC IVs

HC IVs were established to improve access to Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services. The proportion of HC IVs providing blood transfusion services decreased slightly from 66.4% to 64.2% while the proportion providing caesarean section services decreased marginally from 83.8% to 83.3%. The trend in functionality of HC IVs over the years is shown in Figure 1 below.

64% of all health centre IVs provided both Blood transfusion and C/S and are hence considered fully functional, while 20% provided C/S without blood transfusion. 2 facilities (1%) provided blood transfusion but no C/S while 16% (46) of the facilities provided neither blood transfusion nor C/S. These were mainly HC IVs that had recently been upgraded from HC IIIs and had not yet acquired the requisite staff.

Figure 63: Trends in Functionality of HC IVs



Functionality of HC IVs in terms of CEmONC and blood transfusion services have stagnated for the last two financial years. Forty-nine (49) HC IVs – 30 GOV, 18 PFP and 1 PNFP facilities never conducted any caesarean section in the FY 2024/25.

Equally, forty-nine (49) HC IVs – 29 GOV, 17 PFP and 01 PNFP facilities never had any blood transfusion in the reporting FY.

3.2.6 Health Centre III & II Performance

The overall performance of HC IIIs and IIs is shown in Table 92. Generally, the government HC IIIs produced more DRGs scores and APGs. However, relatively the contribution of the private HC IIIs and IIs to the DRGs at this level is significant and this can be attributed to private providers providing a wider range of services at this level. There is significant contribution of the public HC IIIs and IIs to the total APGs since they are the majority and they provide free health care.

Table 92: Outputs from Lower-Level Health Facilities

Level	Ownership	No of Facilities	Total OPD	Total Admissions	Total APGs	Total DRGs
Health Centre III	Gov	1,332	17,843,068	946,635	44,215,922	404,600
Health Centre III	PNFP	348	1,870,922	299,075	5,002,399	182,561
Health Centre III	PHP	198	615,150	50,512	47,342	47,342
Health Centre II	Gov	1,749	9,152,468	11,943	23,539,457	6,911
Health Centre II	PNFP	452	1,385,682	38,728	3,487,105	26,863
Health Centre II	PHP	1,102	2,115,535	25,562	2,513,414	28,976
Total		**5,181**	**32,982,825**	**1,372,455**	**78,805,639**	**697,253**

3.3 COMMUNITY HEALTH SERVICES

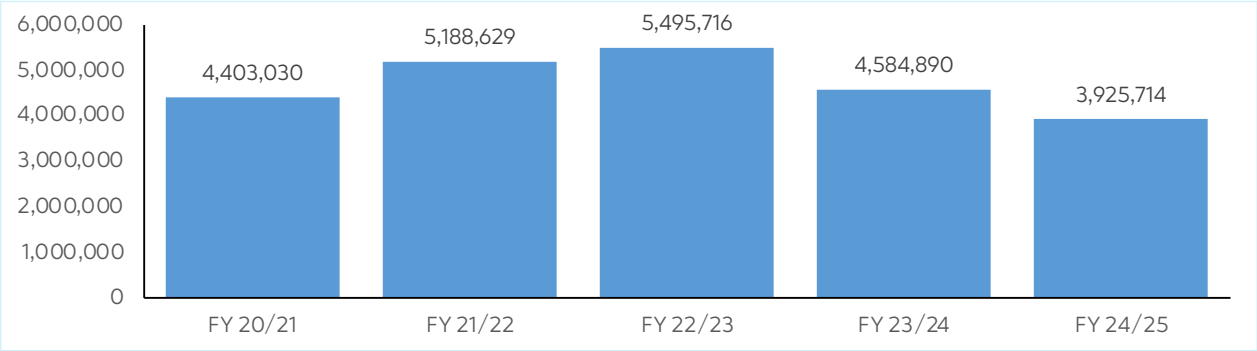
The Community Health Workers (CHWs) program has continued to undergo significant restructuring and alignments to ensure that integrated services are provided. The Ministry has prioritized two main cadres at the community level: The Village Health Teams (VHTs) at the village level and the Community Health Extension Workers (CHEWs) at parish. The Ministry of Health with partners developed the CHW implementation framework, with components focusing on VHT revitalization and roll out of CHEWs.

3.3.1 Village Health Teams

The government and partners continued to equip VHTs with kits and phones to support them as they provide services in the communities. The Ministry of Health with partners also reviewed the training materials to ensure that VHTs receive integrated comprehensive training and refresher courses.

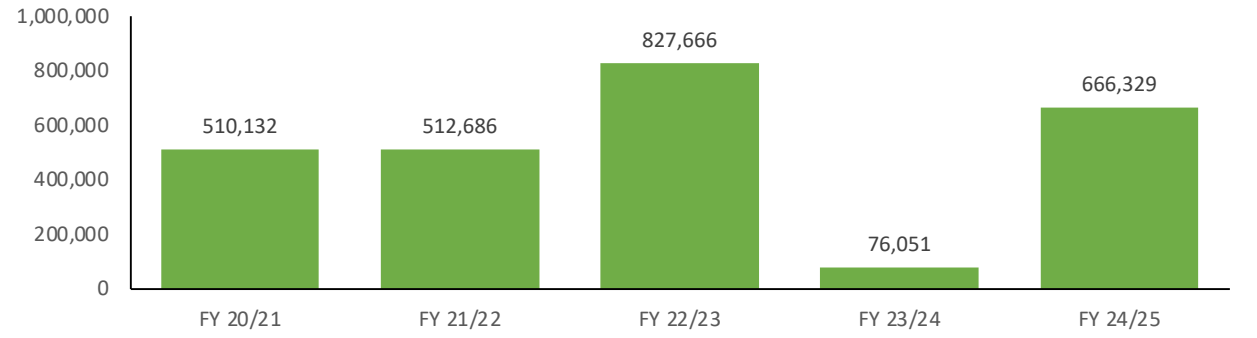
In their respective villages, Village Health Teams (VHTs) conduct reviews of children younger than five years old. These reviews focus on identifying potential danger signs related to common illnesses, verifying their vaccination history and evaluating their nutritional status. In the recent FY 2024/2025, VHTs reported 3.9M assessments of children compared to the average of 4.9M in the previous years. The decline has been attributed to stock out of commodities that demoralize VHTs.

Table 93: Children Assessed by VHTs during the FY 24/25



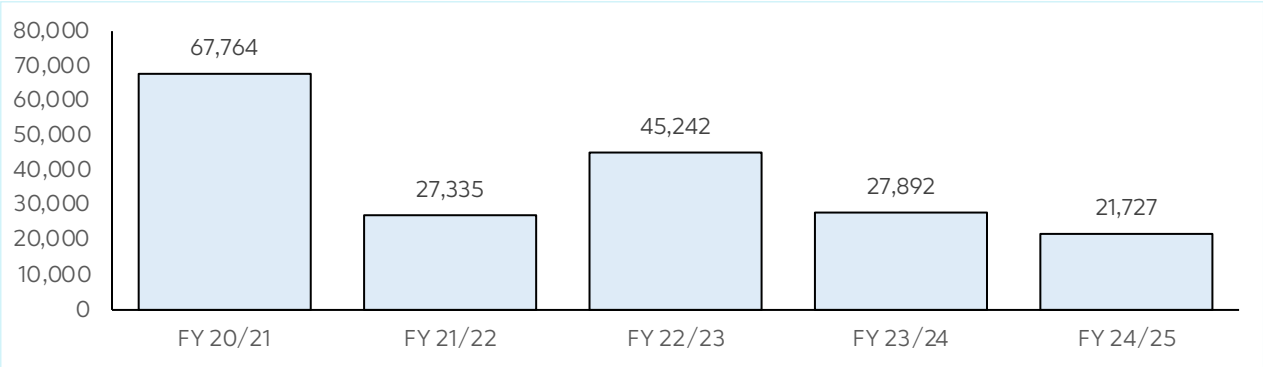
VHTs refer children seen with danger signs, missed vaccination or malnutrition. The total number of children referred for further care has declined steadily since FY 2022/2023 as shown below.

Figure 64: Children Referred to by VHTs during FY24/25



VHTs support people with special needs by providing health education and linkage to care. They include all ranges of functional limitations and in the current FY 2024/2025 they registered and supported over 21,727 persons with special needs as seen below.

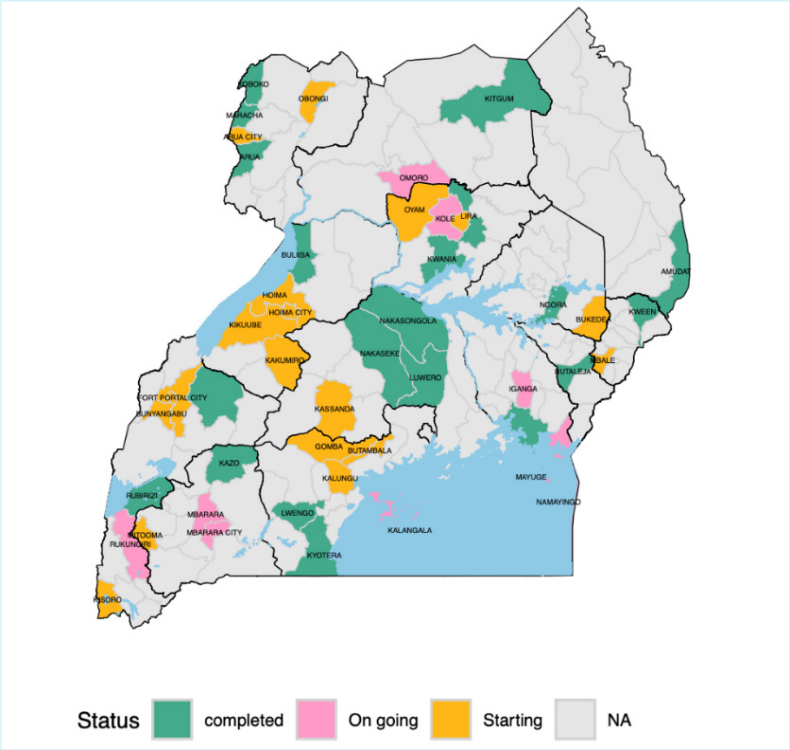
Figure 65: People with Special Needs who received Health Education and were linked to care by VHTs



3.3.2 Community Health Extension Workers

The ministry of Health has scaled the CHEWs to additional districts reaching a cumulative total of 3,136 CHEWs in 23 districts who have been trained and equipped and are currently in the field. The additional districts that have completed training in this FY are: Nakaseke, Rubirizi, Kitgum, Kalangala, Buliisa, Arua District, Amudat, Kwania, Kween, Butaleja, Lwengo, Nakasongola, and Luwero.

Figure 66: Map Showing Status of Scale-Up of the Chews Program



Picture: *The Permanent Secretary, Ministry of Health with other Senior members of the Management hand over equipment to the CHEWs in Kyenjojo District*

3.3.3 CHEWS Performance

An analysis of the 2024/2025 health outcomes from the routine data reported by health facilities was conducted to assess potential outcomes in the implementation of the CHEWs program.

01

Child Nutrition:

The program seems to be successful in tackling malnutrition. The performance gap in mean malnutrition cases at HC IVs significantly reduced. This might point to possible effectiveness of CHEW-led community screening and health education.

02

OPD attendances:

This trend is most acute at the primary levels. There seems to be reducing OPD attendances in CHEWs implementing districts. This could either be the programs early success in disease prevention or reduction in the uptake of services

03

Malaria Cases:

While malaria cases are declining everywhere, the cases in General Hospitals with CHEWs implementing districts reduced drastically in the current FY 24/25.

Ministry of Health PS Dr Diana Atwine looking at an electronic Medical Records System with workers

Table 94: Comparison of Health Outcomes and Service Uptake in Districts based on CHEWS Implementation

Period	Level	Mean OPD Attendances		Mean Diarrhea Cases		Mean Pneumonia Cases		Mean Facility Deliveries		Mean Malaria Cases		Mean Malnourished Cases	
		Chews	Non	Chews	Non	Chews	Non	Chews	Non	Chews	Non	Chews	Non
Jul 2021 to Jun 2022	Clinic	14414	16075	155	248	150	208	297	188	2575	1886		54
	HC II	46589	92671	1219	3050	765	1774	512	769	16135	29165	59	111
	HC III	116616	128499	2570	3888	4104	3531	3337	4846	45877	42358	74	159
	HC IV	27940	36736	475	860	712	876	1347	2359	7444	8148	22	42
	GH	34837	62422	412	735	734	855	2463	2814	4557	5060	59	100
	RRH		95884		327		461		4969		3146		130
	NRH		590308		3736		5277		33635		4113		441
Jul 2022 to Jun 2023	Clinic	12925	15846	160	222	180	167	380	184	2468	1978		58
	HC II	46311	90947	1069	2817	669	1523	482	793	16996	32058	56	153
	HC III	115205	129176	2532	3564	3540	3101	3122	4494	48340	46508	78	151
	HC IV	29369	41834	393	783	673	840	1289	2300	7981	9769	30	62
	GH	40755	70633	532	783	838	799	2368	2846	6149	6388	69	121
	RRH		91982		388		535		5260		4294		169
	NRH		630876		3859		2510		31575		6932		543
Jul 2023 to Jun 2024	Clinic	13114	17108	143	249	116	164	388	199	1743	1816		24
	HC II	43204	87925	1062	2750	611	1493	518	837	15838	28116	46	102
	HC III	112221	127146	2275	3449	3132	2877	3326	4668	37185	37866	81	159
	HC IV	30029	41100	432	790	583	793	1412	2465	6878	8279	37	86
	GH	44698	72681	512	789	648	776	2454	3005	5396	5810	77	110
	RRH		100112		377		511		5552		3997		163
	NRH		701761		4485		5342		29259		24747		520
Jul 2024 to Jun 2025	Clinic	9396	16060	140	243	90	150	480	200	1496	1807		23
	HC II	47494	90233	1263	3104	797	1708	534	843	14641	23559	53	89
	HC III	119848	141001	3410	4919	4194	3468	3605	5096	30434	33113	136	145
	HC IV	33630	45150	465	878	553	1001	1557	2737	5800	7264	57	62
	GH	47930	75103	373	677	780	881	2611	3009	2668	4233	61	87
	RRH		123401		190		523		5664		2245		209
	NRH		860561		4629		6755		29675		5361		252

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CHAPTER

4

PROGRESS IN IMPLEMENTATION OF THE MOH STRATEGIC PLAN FOR FY 2024/25

Community Health Extension Workers Passout event in Lwengo

4.1 SUMMARY OF PERFORMANCE FOR FY 2024/25

For FY 2024/25, 27 out of the 32 key outcome indicators were assessed and 5 were not assessed due to lack of data. Out of the 27, the sector achieved 25.9% (7/27) compared to 40.8% (11/27) in FY 2023/24; made some progress though did not achieve the annual target for 40.8% (11/27) compared to 25.9% (7/27) the previous year; minimal, no progress or decline in 33.3% (9/27) same as FY 2022/23. This shows some decline in performance over the last year.

Slow progress or non-achievement of some targets was due to low coverage of HIV positive pregnant women initiated on ARVs for EMTCT (91%), HIV exposed infants with first DNA/PCR test within 2 months (83%), ART Retention rate at 12 months (80%) which declined compared to the previous year due to partner funding shortfalls resulting from the work stop orders that affected access of HIV/Aids commodities and supplies. High numbers of leprosy patients in West Nile & Tooro region due influx of refugees from Congo and South Sudan, stock out of Hep-B vaccines upon roll out of Hep-B birth dose, limited awareness about cancer screening services as well as poorly equipped facilities. Under maternal health services there is late ANC attendance affecting uptake of IPTp, and inadequate supplies for anemia screening during prenatal visits.

Table 95: Summary of Progress for Planned Outputs for FY 2024/25

FY	Achieved		Progress		Not Achieved		Not Assessed
	Number	%	Number	%	Number	%	Number
2024/25	**7**	25.9%	11	40.8%	9	33.3%	5
2023/24	11	40.8%	7	25.9%	9	33.3%	5
2022/23	11	42%	1	4%	14	54%	6
2021/22	17	63%	6	22%	4	15%	5
2020/21	14	50%	6	21%	8	29%	4

Objective 1:

To strengthen health sector governance, management and coordination for UHC

There are 15 outputs under objective one with 44 performance indicators of which 5 were not planned for assessment this FY. The MoH achieved 77% (30/39) of the performance indicators; made some progress in 10% (4/39) and there was no/or slow progress in 13% (5/39). Reasons for non-achievement include other competing activities affecting holding of governance structure meetings, inadequate funds and delayed initiation of some activities.

Table 96: Progress in Implementation of Strategic Objective 1 of the MOH Strategic Plan

Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 1.1 Strengthen governance, management and effectiveness of the health sector at all levels								
1) Governance and management structures reformed and functional	1. Top Management meetings held (%)	25	50	83	60	100	50	The chairperson had other competing priorities.
	2. HPAC meetings held (%)	50	75	100	90	100	83	Only missed 2 meetings in February and May 2025
	3. Senior Management meetings held (%)	92	100	100	92	100	100	SMC meetings are held regular with improved participation of the HoDs
	4. Technical Working Group meetings held (%)	65 (86/132)	100	100	75	100	80	HPAC monitoring TWG performance quarterly with actions to improve performance
	5. Departmental meetings held (%)	70.4 (152/216)	80	80	50	100	95	New departments (HIME and IHRCD) established and yet to meet the standards
Intervention 1.2 Development of Strategic Plan and operational plans								
2) Strategic plans developed	6. MoH 5-year strategic Plan developed		NA	NA	NA	1	1	Could only manage a draft plan due to the delayed release of the approved NDPIV
3) Annual MoH Operational plans developed	7. MoH Annual Workplan compiled timely	Draft	1	1	1	1	1	Always compiled earlier to inform the budgeting process
4) Comprehensive District Health Plans developed	8. Districts with evidence based annual health plans (%)	7.4	41	60	25	55	100	All districts had evidence-based annual health plans although MOH supported a few districts in Buganda, Busoga, Ankole and West Nile regions.
Intervention 1.3 Develop / Review laws, regulations, policies, byelaws and ordinances relevant to health, enact new ones and monitor their implementation								
5) Laws, regulations, policies developed / reviewed	9. Laws, regulations and policies, reviewed / developed (Number)	9	7 (4 Passed & 3 pending presen-tation)	2	6	5	6	Majority of the Policies, Laws and regulations have been submitted to Cabinet and are pending approvals • National Health Products Bill developed and approved by Cabinet • Human Fertility Bill developed • Principles of Specialized Hospitals' Bill developed • Principles of the Uganda Health Professionals Bill developed • The Principles for the Infection Prevention and Control Bill, developed • The National Health Policy Developed and submitted to Cabinet

Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
6) Integrated Authority to improve quality assurance and regulatory control systems and accreditation across public and private providers established	10. Joint Health Professionals Authority in place.	0	0	0	Pending	0	1	• Principles of the Uganda Health Professionals Bill developed pending preparation of the Statement of Financial Implication to MFPED
Intervention 1.4 Development of Standards, guidelines and SOP								
7) Standards, Guidelines and SOPs reviewed / developed, disseminated	11. Standards, guidelines and SOPs reviewed / developed and disseminated (Number)	8	10	10	11	10	12	Standards, guidelines and SOPs inventory to be developed in 2025/26 FY
Intervention 1.5 Strengthen Supervision and mentorship								
8) Regional Technical Supervisory Structures established to support District Health Service delivery.	12. Regional Supervisory Structures (Number)	4	0	16	16	14	16	All RRHs involving the PHD are to take lead in implementing support supervision to HC IVs and GHs
9) Effective supervision and mentorship undertaken	13. Health Sub-programs political Oversight visits undertaken (Number)	6	8	12	6	6	7	Spot checks support supervision visits initiated have improved quality of support supervision
	14. Quarterly integrated supervision visits undertaken (Number)	2	0	0	2	4	4	Top Management is supportive and was involved Mubende, Teso and Masaka Health Zones
	15. No. of technical supervision and mentorship visits undertaken	4	4	4	12	12	16	Most MoH Departments undertaking technical support supervision through the RRHs and reports are shared

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Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 1.6 Strengthen the National Quality Improvement system								
10) Improved quality of care	16. Health providers accreditation mechanism developed	0	0	0	0	N/A	N/A	Still building capacity and shall start with certification
	17. Laboratories accredited to ISO 15189 standards (Number)	33	48	48	72	50	88	More laboratories were accrediated in 2024 that included Yumbe RRH, Arua RRH, Uganda Cancer Institute, Bombo Military, Bududa, Busolwe, & Gombe hospitals.
	18. Districts undertaking HFQA (%)	100	29	80	100	100	100	HFQAP district score Used to supplement the PHC funding allocation
Intervention 1.7 Enhance sector monitoring and evaluation								
11) Sector performance monitored and evaluated	19. MoH, and Programs (EPI, TB, HIV & Malaria) with M&E Plans ()	30	45	100	100	100	100	All programs have M&E Plans
	20. Quarterly MoH performance reports compiled (Number)	4	4	4	4	4	4	All reports were compiled, reviewed and submitted
	21. MoH quarterly review meetings held (Number)	2	2	4	2	4	4	All mandatory review meeting conducted
	22. Quarterly budget performance reports submitted (Number)	4	4	4	4	4	4	All budget performance reports submitted
	23. Annual Health Sector Performance Report compiled and disseminated	1	1	1	1	1	1	Compiled and disseminated at the Annual JRM
	24. Annual Join Performance Review held and aide memoire disseminated	1	1	1	1	1	1	Annual JRM that was held in November 2024 at Speke Resort hotel Munyonyo
	25. Mid and end term evaluation of MoH and Strategic plan	NA	NA	Not done	Draft	End term evalua-tion	Ongoing	The End-term review was initiated late and its still ongoing

Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 1.8 Strengthen Data collection, quality and use								
12) Reliable and accurate HIS in place	26. Health Information Strategic Plan developed and disseminated	Draft	1	1	N/A	N/A	N/A	It was the last year of implementation and an ETR is ongoing
	27. Health workers trained in data analysis and use (Number)	232	66	206	240	150	271	Trained 132 Biostatisticians and HMIS Focal persons from 4 regions of Masaka, Soroti, Jinja and Gulu. Then trained Biostatisticians, DHOs, Specialists and Records officers from the National, regional referral & general hospital host districts
	28. Availability of HMIS tools at all health facilities (%)	49	62	46	60	80	50	National wide stock out of HMIS tools due to withdraw of most of the partners
	29. Monthly HMIS reports submitted on time (%)	96	89.2	69	91	100	80.4	The reporting rates have dropped due to the stock out of tools
	30. Information products developed and shared quarterly	4	4	4	4	4	4	Health statistical abstract is developed and shared quarterly
	31. Health Facility Atlas developed	Planned for 2021/22	1	1	1	N/A	N/A	Last developed in FY2023/24
	32. Functionality of the National Health Data Repository (%)	40	70	100	60	100	100	The National Health Data Repository is fully functional
Intervention 1.9 Resource mobilization and equitable allocation								
13) Equitable resource allocation and efficient utilization	33. Annual MPS, BFP developed and submitted timely (%)	100	100	100	100	100	100	This is always developed following the budget call circular
	34. Annual budget tracking and efficiency report produced and disseminated	0	1	1	0	1	0	This was not done due to lack of funding
	35. Quarterly financial audits undertaken (Number)	4	4	4	4	4	4	These were all undertaken

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Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 1.10 Establish and operationalize mechanisms for effective collaboration and partnership for UHC at all levels								
14) Functional multi-sectoral framework, compact and accountability framework developed	36. Multi-sectoral framework, compact and accountability framework developed	Draft	Draft	Draft	Draft	0	1	This was developed and operationalized
15) Partnerships and multi-sectoral networks established and strengthened	37. PPPH Strategic Plan 2020 – 2030 developed			Draft	Draft	N/A	Draft	The draft was developed by the consultant pending validation and approval processes
	38. Health Sector Integrated Refugee Response Plan developed	Na	Na	Na	N/A	N/A	Draft	The final draft HSIRRP II has been developed and validated. It is currently ready for approval
	39. Refugee Health facilities integrated into the District Health System (Number)	15	0	0	0	0	35	All the 35 refugee serving facilities that had been planned for transitioning under DLI 3 were successfully transitioned and are operational
	40. Reports for monitoring implementation of the Health Sector Integrated Refugee Response plan (Number)	4	4	4	4	4	5	All the targets were achieved as targeted with additional support from UNHCR and UGIFT
	41. Annual stakeholder analysis and mapping undertaken	1	1	1	1	1	0	Not undertaken due to resource constraints
	42. Stakeholder engagement meetings / workshops held (Number)	8	4	4	6	4	4	All the targets were achieved as targeted mainly through the quarterly TWGs
	43. Regional and International health partnership meetings attended (Number)	10	4	11	8	4	6	Engagements included those under IGAD, WHO and EAC CoE
	44. Reports on non-state actor contribution to health system investments (Number)	4	1	0	0	1	1	This is compiled although not comprehensive due to non-declaration from some partners

Objective 2:

Strengthen human resources for health management and development.

There are 10 key outputs under Objective 2 and 15 performance indicators of which 1 was not planned for assessment this FY. The MoH achieved 86% (12/14) of the indicators, and no progress in 14% (2/14). The reason for non-achievement for the 2 indicators was limited funding for scholarships and functionalization of the health manpower development centers.

Table 97: Progress in Implementation of Strategic Objective 2 of the MOH Strategic Plan

Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24	FY 2024/25		
Intervention 2.1 Ensure adequate human resources for health at all levels, with special focus on specialized and super specialized HR								
1) HRH Policy and Strategic Plan Developed	1. HRH Policy and Strategic Plan in place	Strategic Plan Developed	N/A	N/A	N/A	N/A	N/A	Already in place
2) Medical Interns deployed	2. Medical interns deployed (Number)	1,400	1,795	1,929	1,974	1,000	1,759	We deployed 1686 fresh medical interns and 73 continuing interns. In total we had 1759 medical interns for cohort 2024/25
3) Salaries paid	3. Salaries paid on time (%)	100	100	100	100	100	100	All Pension and gratuity Payrolls processed and paid on time
4) Pension & Gratuity paid	4. Pension and Gratuity paid (%)	100	100	100	97	100	100	All Pension and gratuity Payrolls processed and paid on time
5) iHRIS functional	5. LGs with up-to-date iHRIS (%)	15	25	141	75	75	141 and 16 RRHs	Currently rolling out new version of iHRIS version 5.0 with 63 districts covered.
6) National Health workforce inventory done	6. National Health Workforce Accounts undertaken	-	-	Draft report	N/A	N/A	1	Undertaken and disseminated in 2024

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Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24	FY 2024/25		
7) Schemes of service, standards of practice and job descriptions developed for Allied Health Professional cadres	7. Health cadres with Up-to-date schemes of service and standards of practice and job descriptions	50	50	100	100	100	100	Compendium of Job descriptions and person specifications for health facilities June 2024 by the Ministry of Public Service in place
8) Multi-sectoral planning for training of health workforce in appropriate skills and numbers	8. MS Committee meetings attended (%)	100	100	70	25	100	100	Several multi-sectoral planning for training of health workforce in appropriate skills and numbers was conducted e.g. inter-ministerial meetings, MOES etc.
Intervention 2.2 Improve performance management, monitoring and reporting								
9) Improved health worker performance and attendance to duty	9. E-personnel performance management, monitoring and reporting system developed	Under development	1 (Design phase for scale up)	Concept in place	Bio-metric & iHRIS rolled out	Implementation	Implementation	MoH bio-Metrix attendance system at MOH, 2 NRHs, and 16 RRHs.
Intervention 2.3 Undertake continuous training and capacity building for health workers								
10) Continuous Professional Development and training undertaken	10. Annual Training plans based on the TNA	1	1	1	0	1	1	Annual Training plans based on the TNA were e.g., TNA was conducted in Karamoja and Yumbe for training specialists and super specialists to manage Non communicable diseases.

Outputs	Indicators	Performance				Targets	Performance	Remarks
		2020/21	2021/22	2022/23	FY 2023/24	FY 2024/25		
	11. In-service training curriculum and materials in place	1	1	NA	3 Drafts	-	4	4 Guidelines are being developed: • Staff professional development guidelines • Content development guideline for Inservice training • Guidelines for implementing Health Labour Market Analysis • Curriculum Review for Diploma in Environmental Sciences and diploma in medical Laboratory and Bachelors in Medical Education, Diploma Nursing and Diploma Psychiatric Nursing
	12. Staff on in-service training (Number)	622	400	5,960	130	20	3000	Several in-service training programs in community health, immunization, HRH IHRIS, among others
	13. Scholarships awarded (Number)	432	65	0	16	100	16	10 scholarships awarded in emergency medicine; 6 scholarships awarded in surgery
	14. Health Manpower Development Centre functional and regional hubs functional	1	1	1	1	6	1	Only one HMDC, Mbale which plays a co-ordination role for partner activities, but it is not functional as a centre because there is no operational budget and lacks staffing. Regional hubs established in Arua, Fort Portal and Moroto with support from Enabel but they are not functional
	15. Training database updated	1	1	1	1	1	1	E- learning platform being updated with content in 7-1-7 surveillance, Tuberculosis content.

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Objective 3:

Increase access to nationally coordinated services for communicable and non-communicable disease / conditions prevention and control.

There are 28 key outputs and 85 output performance indicators under objective 3, however 16 of the output indicators were not for assessment in the last year under review, and there was no source of data for 2 indicators leaving 69 indicators for assessment. The MoH achieved 64% (44/69) of the targets, made some remarkable progress in 16% (11/69), no progress or decline 20% (14/69).

Table 98: Progress in Implementation of Strategic Objective 3 of the MOH Strategic Plan

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
Intervention 3.1 Revitalize public health inspection in collaboration with other MDAs to accelerate WASH (rural and urban) improvement.								
1) Environmental Health Sanitation & Hygiene (EHS&H) Strategic Plan developed	1. EHS&H Strategic Plan disseminated and implemented	Draft	Draft	Draft	Draft	0	Final Draft	Draft National EH Strategy has been submitted for approval
2) Functional Sanitation and Hygiene Working Group	2. Sanitation and Hygiene Working Group meetings held (Number)	9	11	5	6	4	4	1 meeting was held in each quarter
Intervention 3.2 Increase access to inclusive safe water, sanitation and hygiene (WASH) with emphasis on increasing coverage of improved toilet facilities and handwashing practices								
3) Increased access to inclusive sanitation and hygiene services in rural areas	3. LGs engaged on the KDS (%)	48	0	100	0	100	0	KDS is no longer being tracked. Priorities are being aligned to NDP IV. Priority is now engaging LGs on KPIs for EH staff
	4. Sanitation week commemorated nationally	1	1	1	1	1	1	This is actively conducted
	5. SCs holding annual sanitation week (%)	No data	0	100	No data	30	No Data	No data available
Intervention 3.3 Improved monitoring of hygiene and sanitation								
4) Functional Hygiene & Sanitation MIS	6. MIS for hygiene and sanitation established	Under development	Not planned	Still under development	Not operational	MIS	1	Integration with eCHIS was finalized. Live data from eCHIS is being received by MIS

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
Intervention 3.4 Strengthen the Community Health program								
5) Intersectoral Community Health Programs in place	7. Community Health Strategy developed and disseminated	Draft	Draft	Finalised and launched	N/A	N/A	N/A	Approved and disseminated in FY 2022/23
6) CHEWs operational	8. CHEW policy and strategy approved and operationalized	Piloting		Piloting in Ma-yuge and Lira	Pilot on-going	Imple-menta-tion	Implemen-tation	The policy is not yet approved but MOH is implementing the CHEWs program. Trained, equipped and deployed 3,136 CHEWs to manage 1,568 parishes in 23 districts. Currently training 792 CHEWs to be deployed in manage 396 parishes in 7 districts.
7) Functional VHTs	9. Revised VHT guidelines provide for youth inclusion with emphasis on gender	Not planned	Not planned	1	1	1	1	Revised VHT guidelines already in use
	10. Trained and tooled VHTs (Number)	14,177	250	1,270	5,329	10,000	1,203	1,203 VHTs were trained and tooled across 21 districts
Intervention 3.5 Intensify advocacy, communication and social mobilization for increased awareness and positive behaviour change for all health interventions								
8) Integrated Health Education and Promotion program in place	11. Integrated Health Communication Strategy developed and disseminated	1	Strategy developed and imple-mentation ongoing	Already in place	N/A	N/A	N/A	Already in place
9) IEC materials developed and disseminated	12. IEC materials developed / revised (Number)	10	504	2,345	2,453	500	5,456	IEC Materials were developed and approved for dissemination to support health outcomes for Malaria, HIV/AIDs, Reproductive Health, Nutrition, Public Health Emergencies, NCDs, TB and Leprosy among others.

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
10) Increased health literacy and utilization of health services	13. Community engagement / mobilization activities through various means (mass media, campaigns, social media, etc) (Number)	>48	84	>100	158	100	221	With support from Partners, WHO, UNICEF, PATH, AMREF Health Africa, IoM, Water Aid
Intervention 3.6 Improve nutrition and food safety with emphasis on children aged under 5, school children, adolescents, pregnant and lactating women and vulnerable groups								
11) Standards & guidelines for childcare facilities in place	14. Standards & guidelines for childcare facilities developed	1 MIYCAN & Baby Friendly Health Initiative guidelines reviewed	NA – Guidelines in place	Draft	Draft	1	Draft Guideline	Awaiting approval of the Employment Bill 2022 to be finalized
12) Breast Feeding/ baby care corners in health institutions established	15. Workplaces with breastfeeding corners (%)	2	3	No data	3	25	6	Implemented in collaboration with MoGLSD. World Vision Head office, WVU-Kibaale Office, NMS-Kajjansi, Busega, Wandegeya and Nakawa Markets
13) Breast-feeding week commemorated	16. Annual BF week commemorated	1	1	1	1	1	1	Held in August, 2024
14) Code of marketing breast milk substitutes adhered to	17. Commercial outlets and health facilities monitored conforming to the code of marketing (%)	20	0	0	0	40	37	Code Monitoring, compliance and enforcement activities are conducted to Protect, Promote, & Support optimal Infant & Young Child Feeding; This was only conducted in health facilities. Commercial outlets not covered due to inadequate funding

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
15) Nutritious meals provided at schools	18. Schools (primary and secondary) visited and sensitized to ensure provision of safe and fortified foods to children (Number)	10	0	0	68	30	50	Held a workshop targeting 50 school management committees and the local counsel, to improve school feeding menus and diet of school age children. (Nakasero Primary school, Kiswa primary school)
16) National food fortification policy and law developed	19. National food fortification policy and law in place	0	0	0	0	N/A	1	Not relevant, as it is catered for the National Food and Fortification Policy under MAAIF Different MDA have their different rolls on this policy framework Standards and Regulation related on food fortification policy has been developed, reviewed and harmonized at national, regional and international level as need arose
17) Hunger and malnutrition reduced	20. Regulations on sweetened beverages and alcohol developed	RIA ongoing	1 In final stages	Draft	Draft	1	1	Nutriments profile model to guide the implementation of related regulation has been developed
Intervention 3.7 Increase access to immunization against childhood diseases								
18) Target population fully immunized	21. New vaccines introduced (Number)	To be introduced in 2022/23	To be in-troduced in 2022/23	3	Introduced HepB birth dose and IPV2	0	1	Malaria vaccine introduced in April 2025
	22. Yellow Fever Vaccination Campaigns (%)	Scheduled for 2022/23	Sched-uled for 2022/23	70.5	75%	1	1	Achieved 92% in phase 3a due to strong mobilization and coordination
	23. Measles campaigns and SIAs conducted (Number)	Not planned for this year	Due 2022/23	98	1	N/A	N/A	Planned for 2026

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
Intervention 3.8 Reduce the burden of communicable diseases with focus on high burden diseases (Malaria, HIV/AIDS, TB, NTDs, Hepatitis B, epidemic prone diseases and malnutrition across all age groups emphasizing PHC approach								
19) Reduced morbidity and mortality due to malaria	24. Uganda Malaria Reduction and Elimination Strategic Plan 2020 – 25 finalized and disseminated	Draft	Draft	Draft	Draft	–	1	Uganda Malaria Reduction and Elimination Strategic Plan 2020 – 25 was developed but was not approved by Top Management NMED is currently developing a new Malaria Elimination Strategic plan for the period 2026 –2030
	25. Mass LLIN campaigns held (Number)	1 27.4 million LLINs were distributed covering 98% (11,394,589) households.	Not planned for this year	1	1	N/A	N/A	Mass LLIN campaigns are done every after 3 years the next campaign is planned for 2026.
	26. National Malaria Days held with mass IPT for malaria (Number)	1	1 SMC conducted in Kotido and Moroto	2	1	2	2	World Malaria Day was commemorated in Gulu City district in April 2025. Also, the Malaria vaccine was launched in Apac district in April 2025.
	27. Health workers in the public and private sector trained in integrated management of malaria (Number)	2,116	3,843	660	1,367	500	797	A total of 797 participants from 35 districts were trained in the period January – June, of these 442 (55%) were from the private sector. There were no further trainings conducted in the last semester of FY 2024_2025. Facility based mentorships were carried out where a total of 300 health workers were mentored.

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
20) Reduced morbidity and mortality due to HIV/AIDS	28. Develop HIV/AIDS 5-year Strategic plan	Not planned	Not planned	Not Planned	N/A	N/A	Draft	Draft strategic plan available - Not yet finalized
	29. HIV prevention interventions including IEC materials developed (Number)	10	9	7	9	5	5	(1) Condom promotional campaign "Get it on, stay safe", (2) Branding of the public sector condoms "shield"; (3) GBV campaign during the "26 days of activism" (4) PrEP Awareness campaign (5) HIV prevention, care & treatment messages
	30. Condoms procured and distributed (Number)	345 million	192 million	141 million	123,593,368	433 million	149,588,400	The 30% under achievement was due over-estimated target and inconsistent funding towards the last mile delivery of condoms to community hotspot through the alternative distribution mechanism implemented by the Joint medical stores (JMS). Going forward 3% last mile distribution costs have been institutionalized.
	31. HIV test kits procured and distributed (Number)	5.732 million	9.1 million	13 million	9,093,940	3.9 million	8,769,745	Under estimation of the target (220%)
	32. High risk population receiving PrEP and PEP (%)	No data	No data	98	85%	95	67%	Of the total of 1,023,899 populations at higher risk for HIV received HIV prevention services during the reporting period, of these 688,214 were initiated on PrEP, received a PrEP refill or were re-initiated on PrEP.

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	33. Priority programs integrating HIV care and treatment (TB, Nutrition, Family Planning, Cancer of the cervix screening, Hepatitis B & C screening, HPV Vaccination for girls, Sexual and Reproductive Health, SGBV) (%)	100	100	100	100	100	100	
	34. Service providers trained to manage SGBV cases, deliver integrated youth-friendly HIV, SRH services (Number)	350	269	226	290	250	160	A total of 160 health workers from 80 district stakeholders were trained on the GBV referral pathway
21) Reduced morbidity and mortality due to TB/Leprosy	35. TB/L National Strategic Plan in place	1 Approved and dis-seminated	NA Under implemen-tation	N/A	N/A	N/A	N/A	Mid-term review and End Term review for the NSP 2020/21 – 2024/25 were concluded. Draft Strategic Plan 2025/26 has been developed pending joint stakeholders' validation and dissemination.
	36. Advocacy and Community engagement activities on TB	6	14	14	23	12	15	Advocacy and community engagement activities included: Regional mobile drives & digital film van activations, Community & school sensitization drives, Mass & social media campaigns, and national commemorations-World TB & Leprosy Days.
	37. Facilities (HC IVs and IIIs) with diagnostics for TB (%)	83	100	688	100%	90	100%	All facilities (HCIVs and IIIs have diagnostics for TB for at least Microscopy. (A total of 57 facilities received GeneXpert machines for molecular diagnostics during the FY 2024/25).

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	38. Health workers trained in TB Preventive therapy for contacts (Number)	0	580	580	28,565	400	639	The health workers were trained in TB preventive therapy as well as Infection and Prevention Control.
	39. MDR-TB initiating Hospitals (Number)	17	17	18	22	20	22	Four newly accredited sites during the FY i.e. Tororo General Hospital and Apac General Hospital. Yumbe RRH and Kayunga RRH
22) Reduced morbidity and mortality due to NTDs in all affected districts in Uganda to a level where they will no longer be of public health importance by 2025	40. NTDs mapped to determine endemicity (%)	0	83	9	10	20	20	Achieved and fully completed
	41. Endemic districts (90) achieving elimination of schistosomiasis (%)	0	0	0	5	16	0	122,926 people received Mass drug administration treatments during FY 2023/24 in 12 districts Schistosomiasis is still endemic in all 90 districts with varying prevalence levels and more treatment rounds are still required to achieve elimination. Impact surveys are also required post treatment to ascertain the endemicity status
	42. High transmission Districts implementing Indoor Residual Spraying (IRS) (%)	32	0	17	37	100	36	IRS is targeted for only high burden regions/districts. we had targeted 55 districts but coz of limited funds we are only implementing in 20 districts
	43. Local Governments undertaking malaria Larval Source Management (Number)	4 (Kisoro, Kabale, Rubanda and Lira)	4 (Kisoro, Kabale, Rubanda and Lira)	11	11	15	12	Larviciding interventions have been scaled up to include Katakwi district with larval source management in high malaria endemic sub counties

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	44. Case management centres active for HAT (sleeping sickness) diagnosis in endemic districts (Number)	43	11	14	10	43	43	All HAT centers have conducted both Active and passive routine case search for suspected sleeping sickness cases No reported case and the country is still free from the HAT gambisense
Intervention 3.9 Prevent and control NCDs								
23) Reduced NCDs	45. Multi-sectoral NCD Strategic plan developed		Draft	Draft not yet approved	0	N/A	N/A	Update/ review process stalled due to consultancy issues
	46. NCD days commemorated (Sickle cell, Mental health, diabetes) (Number)	5	6	6	3	3	3	World Diabetes Day commemorated in Kabale District, Sickle Cell disease day in Lira, Mental health symposium held in Kampala
	47. Media campaigns (monthly) (Number)	12	0	3	13	12	3	Lack of dedicated financing for the media campaigns
	48. Trainers trained in cervical cancer screening using HPV DNA testing and Pap smears (Number)	32	30	30	190	0	2	Achieved only in project districts of Kampala, Mbarara and Mbarara city with support from KOFIH (CANCAPUG)
	49. Health workers trained to risk screen for major NCDs like other cancers, CVDs, DM (Number)	2,022	0	72	No data	200	2400	Trained with support from WDF/WHO DI- Card project and resolve to save lives
	50. Legislation developed to ban use of transfats in the food-chain	Not planned this year	Not planned this year	0	0	N/A	N/A	Still in preliminary stages NO draft bill.
	51. Salt consumption monitored through survey e.g UDHS, STEPS	Not planned this year	To be un-dertaken as part of the UDHS 2022	Awaiting UDHS findings	1	1	1	98.8% households with iodised salt (UDHS 2022)

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	52. National Physical exercise day in place	0 C-19 restrictions	0	1	1	1	1	Commemorated July 2024
	53. Public workplaces with physical exercise initiatives (Number)	0	105	105	No data	220	No data	
Intervention 3.10 Strengthen an emergency medical service and referral system								
24) Nationally coordinated ambulance service and referral system in place	54. National Emergency Medical Services Policy and Strategic Plan in place.	Cabinet memo submitted	1 Approved by Cabinet and launched on 18th November 2021	Not Planned	N|A	N/A	N/A	
	55. Regional Ambulance Hubs established (Number)	2	2	2	0	2	4	Masaka, Naguru, Mulago, and Yumbe hubs are already established. In addition, four regional hubs—Arua, Mbarara, Mbale, and Lira are currently under construction with support from UCREEP and Enabel.
	56. Ambulances procured (Number)	116	12	62	111	50	102	Government of Japan (25 Type B), GF (33 Type B and 4 Type C) and UCREPP 34 Type B and 6 Type C.
	57. EMS cadre trained (in-service) (Number)	460	4,438	3,654	442	400	534	Training was supported by GOU
	58. Referral guidelines disseminated	Finalized	Na	Not planned	N/A	N/A	N/A	
	59. RRHs with functional ICUs & HDUs (Number)	14	16	16	16	18	18	All RRHs have functional ICUs/ HDUs

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
Intervention 3.11 Improve maternal, neonatal and child health services at all levels of care								
25) Reduced maternal, neonatal and child mortality	60. Costed RMNCAH roadmap 2020 - 25 disseminated	Draft	1	Not planned	N/A	N/A	N/A	Sharpened Plan and Investment Case II 2022/23–2026/27 developed, and a national dissemination done in Oct 2023.
	61. RMNCAH Parliamentary Forum Advocacy meetings for increased financing for RMNCAH (Number)	0	1	1	4	4	3	These were held during the Safe Motherhood events and provided a platform to discuss increased financing for RMNCAH, as well as to advance dialogue on self-care.
	62. Primary Health workers trained in New-born Care (Number)	150	600	600	315	300	280	The target had been set with USAID funding expected to support wider coverage; however, some planned regional training/mentorships were not undertaken due to funding cutoffs. Current coverage was sustained through support from ELMA, Baylor, BAMA, Seed Global Health, and the Government of Uganda.
	63. MCH Guidelines, SOPs/manuals developed	3	3	7	4	2	5	DICAH Implementation guideline (2024) – Approved Operational guidelines on prevention and control of mpox in schools (Approved) 2-Year ADH Costed Implementation Plan (Approved) School feeding Menu (Draft) Guidelines on School-Health Facility Linkages (Draft)

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	64. Districts implementing Integrated Community Case Management (iCCM) strategy (%)	59	53	82	60	90	81	Currently, 81 districts are fully implementing the iCCM strategy. Of these, 67 are supported by the Global Fund, while implementation in 14 districts previously supported by the Presidential Malaria Initiative was halted due to the stop-work directive. Efforts are underway to transition 10 of these districts into Global Fund support, while the remaining 4 will continue under UHA.
Intervention 3.12 Improve adolescent health services								
26) Reduced teenage pregnancies	65. Health workers re-oriented in Adolescent and youth friendly Health services (Number)	343	700	700	660	400	1,068	The over-achievement was due to the use of cost-effective approaches such as onsite trainings, and leveraging integration with other programmes, including HIV and HPV vaccination activities, which increased the number of health workers reached.
	66. Adolescent Health Policy developed and disseminated	Draft	Draft Stakeholder consultations still ongoing	Draft	N/A	N/A	N/A	Adolescent health policy issues merged into the national health policy. To develop Adolescent Health Implementation Guidelines
Intervention 3.13 Increase access to Sexual and Reproductive health Services with special focus on Family Planning and age-appropriate information								
27) Improved Sexual and Reproductive Health	67. FP Implementation Plan developed	Draft	1	Not planned	N/A	N/A	N/A	Achieved in 2021/22
	68. SRH&R Strategic Plan disseminated	Draft	Dissemination	Not planned	0	N/A	N/A	
	69. Health workers trained in FP counselling and provision (Number)	240	500	652	252	300	280	The target was set based on the availability of USAID funds. However, the achievement fell short due to funding cutoffs that led to the discontinuation of support in some districts.

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	70. Obstetric fistula camps organized (Number)	22	12	12	24	2	8	Conducted 8 outreach repair camps in Mbarara RRH, Hoima RRH, Mbale RRH, Kitovu Hospital achieving 1,792 repairs
	71. Districts with District Male Engagement Plans (%)	0	30	30	25	100	25	This is not a well conceptualized initiative at local government level
Intervention 3.14 Improve the National Health Laboratory Services								
28) Increased access to quality laboratory services	72. National Laboratory Services Strategic Plan developed	1	1	Done	NA	NA	NA	Achieved in FY 2022/23
	73. Standards, guidelines, manuals and SOPs developed and disseminated (Number)	6	2	2	0	2	7	7 documents have been passed by the Laboratory Technical Committee (LTC) and cleared for presentation to MoH top management for approval, whilst one is under development. The documents passed by LTC include the BSBS Training Curriculum, the BRM Mentorship Guide, and the Laboratory Infrastructure and Assessment Checklist. Others include: the National Laboratory Standards and the Multi-Disease Guidelines. The NHLDS Strategic Plan remains under development.
	74. Test Menu reviewed and disseminated	1 Version 2020	0 To be reviewed and updated in the FY22/23	0	NA	1	0	This is scheduled for the FY 2025/26 period

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	75. Updated Lab supplies List	1 Version 2020	To be reviewed and updated in the FY22/23	0	NA	1	0	This is scheduled for the FY 2025/26 period
	76. Annual quantification done	1	1	1	1	1	1	Quantification was held for HIV, Hepatitis B&C, and related laboratory commodities
	77. National database of all laboratories in the country showing capacities, location and affiliation.	Not planned	Scheduled for imple-mentation in FY 2022 / 2023.	0	0	1	0	This activity was not implemented due to lack of funding.
	78. Lab PPP strategies established (Number)	0	Scheduled for imple-mentation in FY 2022 / 2023.	2	0	5	0	
	79. Laboratory infrastructure improved (Number)	4 Bundi-bugyo, Kayunga, Kawolo &Yumbe	No data	13	2	16	37	Infrastructural improvements included the installation of new air conditioning systems at five sites, the construction of five new laboratories at Amudat Hospital, Atutur Hospital, Kaberamaido General Hospital, and Serere General Hospital, and renovations of two laboratories at Kaabong and Busolwe General Hospitals. Additionally, solar systems were installed in 30 sites
	80. Hubs equipped (Biosafety Cabinets, waste treatment autoclaves, cold storage facilities, etc) (Number)	4 Bundi-bugyo, Kayunga, Kawolo &Yumbe	No data	89	100	40	100	All 100 lab hubs were equipped with cold storage facilities, the credo boxes, which supports sample movement between the peripheral facilities (on bikes) to the hubs. Centrifuges and Fridges were distributed in 44 health facilities.

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	81. ToT for laboratory SPARS done	1	1	1	1	N/A	N/A	This activity was completed in the FY23/24 period
	82. Annual refresher training on use of Laboratory Web based ordering system (Number)	1	Scheduled for imple-mentation in FY 2022 / 2023.	0	22	1	0	This activity was completed in the FY23/24 period
	83. Laboratories mentored on ISO implementation (Number)	10	23	25	4	35	132	The overachievement was driven by expanding the training to lower-level facilities, rather than limiting it to national-level sessions. A total of 132 health facilities were trained through regional IP-led sessions, covering 81 districts.
	84. Mentorship visits to facilities implementing for laboratory SPARS (quarterly) (Number)	2	4	4	4	4	4	79% of the laboratories visited received LabSPARS mentorship at least five times, the minimum threshold at which measurable performance improvement is expected. Overall, a 17% improvement in performance was observed across health facilities, with the most significant gains recorded in storage management, ordering, receipt and recording, and laboratory equipment management.
	85. Regional DQAs for national and sub national databases and information systems (Number)	1	0	0	1	4	0	This activity was not allocated a budget, which limited the department's capacity to verify the accuracy of reporting for some key KPIs. Certain indicators, such as GF-funded reporting on Malaria, HIV, and TB test volumes, as well as HIV EID service coverage, have been flagged as potentially inaccurate.

Objective 4:

Strengthen disease surveillance, epidemic control and disaster preparedness and response at national and sub-national.

There are 5 key outputs and 15 performance indicators under objective 4 of which 1 was not planned for assessment this FY. The MoH achieved 72% (10/14), made some remarkable progress in 21% (3/14), and little progress or no achievement for 7% (1/14) of the performance indicators for the year.

Table 99: Progress in Implementation of Strategic Objective 4 of the MOH Strategic Plan

Outputs	Indicators	Performance			Target	Performance		Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 4.1 Develop national capacity for integrated disease surveillance and management of national and global health risks.								
1) Epidemic diseases timely detected and controlled	1. IES&PHE Strategic Plan developed	Draft	Draft	Draft	Draft	-	N/A	
	2. Districts where revised IDSR Guidelines Version 3 rolled out (Number)	Tot for National trainers conducted	41	120	39	135	136	The remaining 9 districts where IDSR has not been rolled out include Nwoya, Kiruhura, Kalangala, Nkaseke, Nakasongola, Kiboga, Kyakwanzi, Luwero & Mityana
	3. Districts using revised IDSR Guidelines Version 3 to detect early and report Public Health threats within 24 Hours (Number)	0	41	120	39	146	146	All districts using IDSR guidelines only that the 9 districts where 3rd Edition of IDSR guidelines haven't been rolled out are using the 2nd Edition of IDSR guidelines to detect and report PHEs.
	4. Integrated sentinel surveillance sites established (Number)	Not planned	23	8	20 (7 RRHs, 3 GHs, 10 HCIVs)	10 HC IIIs & border points	0	Lack of funds to establish sentinel surveillance sites as planned

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Outputs	Indicators	Performance			Target	Performance		Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
	5. Districts supported in early reporting of priority diseases (Number)	135	109	118	11	32	33	Supported 33 districts on Weekly surveillance reporting and mTrac use in of Rubanda, Kisoro, Rukungiri, Kasese, Kyegegwa, kyenjojo, Mbarara, Buhweju, Kazo, Kayunga, Buikwe, Mukono, Busia, Tororo, Namisindwa, Ngora, Soriti District, Soroti City, Luuka, Jinja City, Jinja District, Arua, Adjumani, Obongi, Butambala, Gomba, Lwengo, Buliisa, Hoima City, Hoima district, Mubende, Kassanda and Mityana.
	6. LGs trained to prepare and respond to PHEs (Number)	135	25	64	67	30	84	Trained, Formulated and functionalized DOH teams in 13 high-risk districts, 54 districts on Community based surveillance (CBS) guidelines, 17 Districts trainings for health workers in RRHs, PNFPs & PFPs on IDSR 3rd Edition guidelines in
	7. LGs affected by major PHEs supported (Number)	135	15	25	30	15	146	The 146 districts include; Sudan Ebola Virus (SVD) in 10 districts of; Mbale, Kampala, Wakiso, Jinja, Iganga, Budaka, Mbale, Kwen, Mubende and Kakumiro, Mpox in 118 districts of 118 districts those reported many Mpox cases include; Kampala, Nakasongola, Mbarara, Wakiso, Luwero, Mayuge and Mukono, Mayuge, Kabale, Kanungu, Mbarara city, Rwampala, Kiruhura, Masaka, Kyotera, Mbale city cholera outbreak in 2 districts of Adjumani, Moyo and Lamwo, CCHF in Kyenjojo, Mubende and asindi, then Rabies in Katakwi, RVF in 2 districts of Mubende and Kyegegwa

Outputs	Indicators	Performance			Target	Performance		Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
								And Anthrax in 6 districts of Sheema, Bushenyi, Kasese, Kween, sembabule and Amudat, Food poisoning in 4 districts of Amuru, Kotido, Nakapiripirit and Kole, Measles in 22 districts.
2) Zoonotic diseases prevented, detected, responded and controlled	8. DHT Trained (%)	4.4	20	10	8	40	67	Trained, Formulated and functionalized DOH teams in 13 high-risk districts, 54 districts on Community based surveillance (CBS) guidelines
	9. Ministries departments and agencies handling zoonotic diseases (%)	75	75	19	85	90	95	MoH, MAAIF, MWE, UWA, TDDA, USAID, SBCC, AFROHUN, CSOs, BUILD UGANDA-ILIRI, MoIA, DGAL, WHO, President's Office, FAO, RESOLVE-IDI, IDI-GHS, OPM
3) Functional National and District One Health teams in place.	10. Sectors and disciplines participating in One Health issues (%)	42	50	19	85	98	95	MoH, MAAIF, MWE, UWA, TDDA, USAID, SBCC, AFROHUN, CSOs, BUILD UGANDA-ILIRI, MoIA, DGAL, WHO, President's Office, FAO, RESOLVE-IDI, IDI-GHS, OPM
	11. Planning meetings held (Number)	20	20	4	5	60	32	21 NTF coordination meetings, 7 for AAR, 4 coordination meeting with IPs. The challenge of not achieving the target is over-rapping activities as teams were engaged in PHE response activities
	12. Strategies developed at the national and district level (Number)	3 One Health Strategy, One Health Communication Strategy, Draft National Strategy for coordinated surveillance of zoonotic diseases	8	8	2	5	8	These included: The National Cholera Technical Guidelines, The National Action Plan for Health Security II (NAPHS II 2024/25 – 2028/29), Early After-action Reviews (EAR) guidelines, The REOC Mpox operational plan, a SIMEX tool kit for Marburg, IDSR Clinical guidelines, Mpox preparedness and Response plan,

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Outputs	Indicators	Performance			Target	Performance		Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 4.2 Strengthen the disaster and Public Health Emergency coordination mechanisms at regional to inform disaster response								
4) Functional coordination mechanisms at regional level to inform pandemic / epidemic response	13. Global and regional protocols agreed and signed by the governments, to respond to global pandemics (Number).	2	1	3	3	2	3	IGAD cross border surveillance, EAC treaty, OSBP Act
	14. Regional and cross-border meetings held (Number)	4	2	11	6	4	2	These include cross-border meeting between South Sudan and DRC, joint cross-border training for Uganda and South Sudan
5) Community-level awareness, preparedness and response strengthened	15. ToT and refreshers for capacity building for community-level awareness, preparedness and response (Number)	135	146	146	146	146	146	These include 54 districts on Community based surveillance (CBS) guidelines, 10 in SVD preparedness and response, 118 on mpox preparedness and response

Objective 5:

Improve functionality and adequacy of health infrastructure and logistics.

There are 8 outputs and 24 performance indicators under objective 5. The MoH achieved 90% (18/20) and made some remarkable progress in 10% (2/20). Four (4) of the indicators were not planned for assessment this FY.

Table 100: Progress in Implementation of Strategic Objective 5 of the MOH Strategic Plan

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
Intervention 5.1 Develop and upgrade health infrastructure								
1) Planned expansion of health infrastructure	1. National Master Plan for establishment, expansion and maintenance of public health infrastructure developed	Not planned	0	0	Draft	N/A	1	Final Draft in place Awaiting presentation to Top management and then STM
2) Construction, rehabilitation / expansion and equipping of health facilities	2. Centres of excellence established commissioned and functional (Number)	1	Not planned	0	On-going	N/A	1	The construction of the Uganda Heart Institute is ongoing. Current progress 20%
	3. New Regional Referral Hospitals established (Number)	2	Not planned	0	0	N/A	N/A	RRHs were not established due to lack of funding

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	4. General Hospitals constructed or upgraded (Number)	2	4	2	0	4	3	3 HC IVs are being upgraded to General Hospitals, Rukoki in Kasese, Mitooma in Mitooma, Muko in Rubanda, at 40% average progress of construction
	5. General Hospitals rehabilitated (Number)	1	2	3	11	3	13	3 GHs have been fully rehabilitated (Kawolo, Gombe and Busolwe) 12 General hospitals have been partially rehabilitated (Kambuga, Kapchorwa, Kitgum, Kotido, itojo, Katakwi, Kaberamaido, Busolwe, Amuria, Koboko and Luwero, Kitgum).
	6. HC IIIs constructed (Number)	2	12	56 (under construction)	14	44	38	38 new HC IIIs were constructed
	7. HC IVs constructed / renovated (Number)	2	9 Bugaya, Kumi, Ongicha, Kazo, Apapai, Butebo, Kityerera, Bukuya and Kachumbala HC IVs	16 (under construction)	11	10	10	34 HC IV have been established through upgrade of HC IIIs to HC IV. 27 HC IVs have had infrastructure improvement and expansion.

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	8. HC IIs upgraded to HC IIIs (Number)	64	37	44	168	N/A	27	In total 414 HC IIIs were established and 40 HC IIIs were renovated and expanded in the last 5 years under UgIFT and URMCHIP
	9. HC IIIs renovated (Number)	0	43	11	0	N/A	N/A	In the last five years 79 HC IIIs were renovated and expanded under URMCHIP and GoU, while 38 new HC IIIs were constructed under UgIFT, KIDP, and GoU.
	10. MoH headquarters rehabilitated and retooled.	1	1	1	1	1	1	MoH headquarters was renovated and undergoes continuous minor renovation every year.
3) Improved health care waste management	11. High-capacity regional incinerators constructed, equipped and operationalized (Number)	Not planned	Procurement initiated	4	5	N/A	N/A	5 regional incinerators have been established KCCA (Mukono), Fort portal, Lira, Gulu, Mbarara The incinerators have been supplied, delivered and installation is ongoing
4) Increased availability of safe blood	12. Blood Banks constructed (Number)	Not planned	1 (Soroti RBB)	3	3	N/A	N/A	3 blood banks were constructed, equipped and commissioned (Arua, Hoima, Lira)

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	13. Blood storage facilities (fridges) procured (Number)	42	15	0	4	20	26	26 blood bank storage sets (Frige, freezer, centrifuge, water bath, solar) were provided under UCREPP Additionally, 60 fridges are expected to be provided under GF
5) Increased coverage of health workers accommodation	14. Public health sector staff houses constructed (Number)	100	53	53	114	47	47	In the last five years, a total of **970 staff house units** were constructed Ugift (439 blocks-878 units) KIDP (30 blocks – 60 units) GoU (2 blocks – 32 units)
Intervention 5.2 Improved capacity for operation and maintenance of medical equipment								
6) Functional medical equipment	15. Medical Equipment Policy developed	Not planned	0	1	1	N/A	1	The National Medical Equipment Regulations, 2024 were developed and launched
	16. Medical Equipment list and specifications reviewed	Not planned	Review ongoing at 80%	1	1	N/A	1	The National Medical Equipment Specifications, 2024 were developed and launched

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
	17. Medical equipment inventory maintained and updated	1	1	1	1	1	1	The medical equipment inventory system was maintained and updated. Update is made using a computer application/system (NOMAD) The total number of equipment so far captured in the system is 84,819 (representing an estimated 80% of the total equipment). Of these 71,788 (85%) are functional, while 9,467 (9%), need repair and 5,489 (6%), need replacement
	18. Fully equipped and adequately funded equipment maintenance workshops (%)	12	30	80	90	60	100	All the 16 Regional workshops are functional in terms of staff, tools, though some 6 workshops lack standard workshop blocks (Mbarara, mororto, mubende, masaka, Entebbe, Arua)
	19. Health workers trained in Medical Equipment Use (Number)	25	200	200	722	200	216	216 health workers were trained in medical equipment use

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2023/24		
Intervention 5.3 Procure, distribute and maintain appropriate medical equipment at all levels of health service delivery.								
7) Health facilities at all levels equipped with appropriate and modern medical and diagnostic equipment.	20. Basic equipment available at lower-level health facilities (%)	No data	70	70	70	75	80	Equipping functionality continued to improve for essential equipment at all levels of healthcare. This was boosted by UgIFT, URMCHIP and UCREPP projects that equipped some selected HC IIIs and HC IVs facilities across the country.
	21. HC IIIs equipped (Number)	0	50	232	65	30	195	414 HC IIs (upgraded from HC II to HC IIIs. including newly constructed HC IIIs) were provided with equipment Additionally, 40 HC IIIs rehabilitated and expanded under URMCHIP were equipped
	22. No. of HC IVs equipped	Not planned	45	45	0	10	10	135 HC IV were provided some equipment under the UCREPP project
8) Functional MoH fleet	23. Vehicles procured (Number)	439 72 GAVI, 65 C-19 Donations, 20 URMCHIP, 282 C-19 Fund	55	156	72	10	47	8 GAVI, 7 GF, 3 IGAD, 7 KIDP, 2 KOFIH and 20 UCREEP
	24. No. of motorcycles procured	898 100 URMCHIP, 657 GAVI, 122 GF-TAM, 19 C-19 Donations	Not planned	325	420	N/A	216	206 motorcycles procured through UCREEP and 10 from IGAD

Objective 6:

Ensure availability of quality and safe medicines, vaccines and technologies.

There are 12 key outputs, and 13 performance indicators assessed under objective 6 of which 1 indicator was not planned for assessment this year. The MoH achieved 83% (10/12) of the indicators assessed), made some remarkable progress in 8.5% (1/12), and there was minimal or no progress in 8.5% (1/12).

Table 101: Progress in Implementation of Strategic Objective 6 of the MOH Strategic Plan

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 6.1 Ensure proper forecasting and quantification of the national essential medicines and health supplies requirements								
1) Medicines and health supplies availed	1. Health workers trained in Supply Chain Management (Number)	269	2,763	1,120	2,144	200	250	Training was addressing Pharmaceutical Supply Chain Management
	2. Hospitals and HC IVs with functional Medicines & Therapeutic Committees	No data	No data	143	31	70	150	With Support from National medical stores that is addressing strategy 5.1 activity No3 in the National Pharmaceutical services strategic plan a few health facilities have been brought on board
2) Integrated supply chain management system	3. Health commodities integrated in the national supply chain management system (%)	100	85	100	100	100	100	Integration of National quantification of all health commodities has been achieved. The second edition of the report will be out within the next two quarters.
3) Operational framework in response to public health emergency threats in place	4. National Medical Counter Measures Supply Chain Plan developed	Not planned	Plan in place	1	NA	NA	1	Already achieved FY2024/2025 We developed guidelines to implement the MCP.

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 6.2 Strengthen the pharmaceutical information management systems to enhance traceability and accountability of EMHS.								
4) e-LMIS system scaled up to all health facilities	5. Health facilities utilizing the e-LMIS (%)	36 (715 public facilities)	40	90 (1,348/ 1,500)	45	80	97 (1,462/ 1,500)	Most of the Health Facilities are now using the e-LMIS since it's a must to use the electronic system for commodity ordering
Intervention 6.3 Slow down and control the spread of resistant organisms								
5) National Antimicrobial Consumption and Use surveillance plan developed	6. Antimicrobial Consumption and Use surveillance plan developed	Not planned	Not planned	0	1	1	1	The tools have been developed, launched and currently have 71 functional AMS Committees
6) Surveillance of antimicrobials use in human health done	7. Antimicrobial consumption and use surveillance reports (Number)	1	2	0	1	1	2	Generated on a Biannual basis.
Intervention 6.4 Develop a reporting platform for monitoring implementation of ADR reporting and management at health facilities.								
7) Community and consumers sensitized on appropriate medicine use, antimicrobial stewardship and patient reporting of suspected ADR.	8. Community sensitization activities (Number)	Not planned	0	0	13	10	4	Activity is conduct quarterly
Intervention 6.5 Promote local pharmaceutical manufacturing in Uganda.								
8) Pharmaceutical Industrial Park established	9. A PPP investment plan for production of medicines and health supplies in place	Not planned	Concept note developed	Presented to WG	0	1	0	The Pharmaceutical Industrial Park was allocated gazetted land in Nakasongola; however, its investment plan has not been developed with input from DPNM, as DPNM staff are not involved in the international and local meetings addressing this area.

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 6.6 Strengthen pricing mechanism for health commodities								
9) National Medicines Formulary including indicative prices disseminated	10. National Medicines Formulary including indicative prices finalized	Not planned	Draft in place	0	0	1	1	The process has started to have the national medicines formulary revised. DPNM and NDA are taking lead. We are tracking progress
Intervention 6.7 Integration of Traditional and Complementary Medicines in medical practice in Uganda.								
10) Situational analysis of the Traditional and Complementary Medicines (TCM) conducted	11. TCMs situation analysis undertaken	Not planned	Not planned	0	0	NA	NA	This will be done when the traditional and complementary medicines council has been put in place
11) National Formulary for TCM products developed	12. National Formulary for TCM products in place	Not planned	Not planned	Not planned	0	1	1	Regulations for TCMPs are not yet developed In the month of August 2025, the Hon Minister of Health has written to Various associations to nominate members to the TCM council.
Intervention 6.8 Establish an efficient, safe and environmentally sustainable Healthcare Waste Management System.								
12) Guidelines on HCWM were revised and disseminated.	13. Guidelines revised and disseminated.			Consultant engaged	Draft	NA	1	The strategy was approved and guidelines disseminated.

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Objective 7:

Accelerate health research, innovation and technology development

There are 8 key outputs and 8 performance indicators for objective 7 of which 1 indicator was not planned for assessment this year. The sector achieved 71.6% (5/7), made some progress in 14.2% (1/7) and made no progress in 14.2% (1/7) of the planned outputs. The National Health, Research and Innovation Strategy and MoH Research agenda were not developed to guide the sector in research.

Table 102: Progress in Implementation of Strategic Objective 7 of the MOH Strategic Plan

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 7.1 Establish the national health innovation cluster								
1) National Health, Research and Innovation strategy developed and disseminated	1. National Health, Research and Innovation strategy developed and disseminated	0	0 Concept note developed but no funding	0	0	N/A	N/A	
Intervention 7.2 Develop a MoH research agenda								
2) MoH research agenda	2. MoH research agenda developed annually	0	0	0	Draft	1	1	
Intervention 7.3 Evidence generation								
3) Health Surveys undertaken	3. Health surveys conducted (Number)	3 Covid-19 SERO status surveys and National Client Satisfaction Survey	2 NHA 2016/17 – 2017/18, Client Satisfaction Survey	3 Client satisfaction for Acholi sub region, HHFA, NHA 2018/19 – 2019/20	2 STEPS 2023, UDHS 2022	3	3	UPHIA 2025 MR2 Uptake survey 2025

Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 7.4 Conduct basic epidemiological, applied, interventional and operational research.								
4) Research conducted and published	4. Research / studies conducted (Number)	53	10	>10	6	10	7	Document – Uganda – Food Security and Nutrition Assessment (FSNA) 2024 • Effect of Indoor Residual Spraying on malaria incidence in West Nile, Subregion, Uganda, 2017– 2024: Time Series Analysis • Food security and nutritional supplementation assessment • Evaluating Diagnostic Accuracy of Artificial Intelligence Image Reader Versus Human Reading for Malaria Rapid Diagnostic Tests by Village Health Teams in Uganda • Comparative Quasi-Experimental Study of Community Health Worker Performance in Moyo and Adjumani Districts, West Nile Uganda: • IPC acute food insecurity and acute malnutrition analysis

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Outputs	Indicators	Performance				Target	Performance	Remarks
		2020/21	2021/22	2022/23	2023/24	FY 2024/25		
Intervention 7.5 Establish a national health research knowledge translation platform and database.								
5) A National health research knowledge translation platform and database developed	5. National health research knowledge translation platform and data base in place	Not planned	0	0	1	1	1	https://research.uncst.go.ug/admin/update.php?a=7f39f-8317fbdb1988ef4c628eba02591
Intervention 7.6 Digitalization of the HIS								
6) GIS coding of health facilities done	6. Health facilities coded (%)	100	100	100	90	100	76	New health facilities established (HCIIIs and HCIVs) and yet to be coded.
7) National Health Information Exchange Registries (Client, Health Workers, Health Facilities and Health Product) developed	7. NHIER operational	TORs developed and consultancy services procured	1	1	0.5	1	1	Health facility and Product registry ready pending training of users Client registry still under development
Intervention 7.7 Establish the national health innovation cluster								
8) National health innovation cluster operationalized	8. Health innovations and technologies developed and supported (Number)	0	0	0	2	5	3	National Health Managers Performance Management Dashboard, Selfcare application, & budget tracker.

No	Project Title	Start Date	End Date	Forecast Disbursement FY 2024/25	Actual Disbursement FY 2024/25	Progress / Remarks
	Rehabilitation of General Hospitals (Spanish Debt Swap Program)	1/07/2017	30/06/2026	USD 17,374,378.81	USD 12,698,792.74	Rehabilitation of Medical buildings and staff houses and procurement of Medical Equipment for Kawolo and Busolwe that are 100% finished
	Construction and equipping of the International Specialized Hospital in Uganda	2019/20	30/06/2020	USD 249.9 million	0	The Progress of work (construction) is at 45%. The training block and Hostel were completed and handed over. The main Hospital building is at sub structure level (the structure was completed)
	Uganda COVID-19 Response and Emergency Preparedness Project	3/08/2021	30/06/2025	USD 195,500,000	USD 157,200,000	The project ended, in close-out period
	Global Fund for AIDS, TB and Malaria (NFM 2, NFM3, GC7)	1/07/2010	31/12/2026	UGX 702 billion	UGX 702 billion	Grant was affected by delayed approval to implement most planned activities. Major procurements are still ongoing, so payment is not yet effected.
	GAVI Vaccines and Health Systems Strengthening Support	1/1/2024	31/12/2025	UGX 200 billion	UGX 51 billion	In the last year we were starting a new grant, while we expected disbursements by 1st July, the initial disbursement came in September 2024 so implementation started late
	Construction of 138 Health Centre IIIs in sub counties without any health facility	2020/21	2024/25	UGX 55.1 billion	0	Funding goes directly to LGs. However, 46 new HC IIIs have been constructed with 93 remaining.
	Italian Support to the Health Sector Development Plan Karamoja Infrastructure Development Project - Phase II	2021/22	2024/25	UGX 15,390,762,114	UGX 15,390,762,114	New health centre IIIs and 29 other health facilities rehabilitated (staff houses, maternity/general ward, OPD, fencing), 6 Ambulances procured, 18 motorcycles and 9 Public Address systems
	Upgrade of ICUs in all RRHs, HDUs in all RRHs and GHs	2020/21	2024/25	UGX 18.5 billion	0	Construction/remodeling for the standard ICU is going on in Mbale RRH ICU which is at 90%, and Masaka ICU remodeling is at 80% completion Construction of new standard ICU under UCREEP Project has started for 3 RRHs (Hoima, Kabale and Arua)
	Improvement of Radiology Services in RRH and General Hospitals	2020/21	2024/25	UGX 39 billion	0	14 out of 16 RRHs have been equipped with CT scanners. The CT scanners were commissioned and are functional. The two hospitals that lack the CT scanners (Kayunga and Yumbe)

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No	Project Title	Start Date	End Date	Forecast Disbursement FY 2024/25	Actual Disbursement FY 2024/25	Progress / Remarks
	Establishment of Electronic integrated and patient management record system	2020/21	2024/25	UGX 0	0	The Electronic integrated and patient management record system has been established in in 79 health facilities (4 NRH, 15 RRH, 54 GH, 4 HCIV and 2 HC IIIs).
	Functionalizing neonatal intensive care units (NICUs) in all RRHs and select GHs	2020/21	2024/25	UGX 0	0	All RRHs and 25 General hospitals have NICU rooms equipped with basic equipment such as infant incubators, radiant warmer, phototherapy units and oxygen concentrators.
	Renovation and equipping of 15 General Hospitals (Abim, Apac, Atutur, Bugiri, Bundibugyo, Iganga, Gombe, Kagadi, Kambuga, Kitagata, Kitgum, Kyenjojo, Lyantonde, Pallisa and Masindi).	2020/21	2024/25	UGX 687.6 billion	0	There has generally been inadequate funding to rehabilitate all the planned hospitals. Only five (5) Hospitals out of the planned 15 hospitals have been partially rehabilitated since FY 2020/21: Gombe, Luwero, Koboko, Kambuga, and Kapchorwa.
	Establishing 12 regional Ambulance hubs	2020/21	2024/25	UGX 3 billion	0	There are two functional at Naguru NRH and Masaka RRH. 4 Regional Ambulance Call and Dispatch Centre are near completion in Arua RRH 80%, Lira RRH 80%, Mbarara RRH 80% and Mbale RRH 65%. 3 other regional centres are being set up in existing space by provision of equipment and communication solutions: Mulago; Yumbe and Jinja.
	Establishment of a National Medical Equipment Maintenance Service / System	2020/21	2024/25	UGX 10 billion	0	All the National and RRHs have functional equipment maintenance workshops.
	Establish permanent Port Health Services at 24 Points of Entry (2 high volume, 11 medium and 11 low volume).	2020/21	2024/25	0	0	Port Health Units have been established at the 2 high volume points of entry at Malaba and Busia Permanent Port Health Services established at 11 Points of Entry i.e., Goli One Stop Border Post (OSBP), Suam OSBP, Elegu OSBP, Mutukula OSBP, Busia OSBP, Malaba OSBP, Katuna OSBP, Mirama Hills OSBP, Mpondwe OSBP, Transami OSBP, Cyanika OSBP and Vurra
	Construction and equipping of Regional Blood Bank at Soroti	2020/21	2022/23	UGX 4.5 billion	0	Regional Blood Banks in Arua, Hoima and Soroti have all been constructed, and equipped and are all operational.

4.2 PROGRESS IN IMPLEMENTATION OF 30th JRM AIDE MEMIORE

No.	Issue	Recommendation	Timeline	Responsibility	Progress
1)	**Leadership and Governance**				
	Integration of health services is greatly undermined by fragmentation (siloed inputs and implementation).	Develop a health services integration framework for Uganda to guide all stakeholders in implementing activities at all levels.	June 2025	DGHS, DHS G&R	The National Integration framework for health services at all levels was developed and approved. The framework will be launched and disseminated at the 31st JRM in December 2025.
	Address / improve inefficiencies in health service delivery.	Finalize and disseminate the Joint Planning and budgeting guidelines to facilitate implementation of the One Plan, One Budget and One M&E.	February 2025	CHS PFP	The Joint planning and Budgeting framework developed and approved. The framework will be launched and disseminated at the 31st JRM in December 2025
	Poor performance in some regions / districts due to weak leadership, management and supervision by the LGs.	Communicate to the LG leadership to strengthen their oversight role through regular support supervision, monitoring and performance evaluations.	November 2024	PS / DHS G&R	LG across the country have been engaged during the quarterly integrated performance reviews to strengthen their oversight, support supervision, and monitoring to improve performance. Additionally, region based integrated support supervision activities have been undertaken, led by Top management, recommendations made and followed up especially for underperforming LG.
		Develop and disseminate health service monitoring checklists for LG Leadership.	March 2025	CHS SCAPP	MOH has developed an integrated support supervision tool that will guide both LG and RRH during support supervision. The plan is to digitize the tool.
	Inadequate support and engagement of the MoH in the Regional Supervisory Mechanism	Establish a forum for regular strategic level engagements between the RRHs and MoH Heads of Departments to streamline the stewardship role.	April 2025	CHS SCAPP	Multiple fora have been established to strengthen coordination and stewardship of service delivery at regional level. Monthly Executive consultants meeting with MOH Top Management, Quarterly Executive consultants' meetings, where they Copt Top Management and Technical Leadership. Forums for Regional Performance Review and Integrated Service Delivery have been established. These bring together the MOH Top Management and RRH leadership together.
	Delayed induction of Hospital Management Boards affects hospital performance under leadership and governance assessment	Decentralize the responsibility of induction of Hospital Management Boards to the Referral Hospitals	June 2025	DGHS	Consultations are still ongoing on how to decentralize induction of hospital boards. However, most of the RRH and National Level Health Institutions boards were constituted, inducted and functional. Process underway to update membership where Boards have expired. (Masaka)

No.	Issue	Recommendation	Timeline	Responsibility	Progress
2)	**Human Resource**				
	High rates of absenteeism by staff exacerbated by health workers on continuous training for upgrading	Develop or implement a training plan that ensures an organized award of study leave	June 2025	CHS HRD DHOs/Municipal/City Health Officers	The MOH has organized a structured training for LG health care managers (DHT. CHT, MHT) in management. The training includes HR panning.
		Put in a place a Human Resource Development framework that guides on which courses are relevant based on their current work.	Medium term		The MOH is currently reviewing the HR for health 10year Strategy. This will inform the development of a comprehensive HR development framework.
3)	**Health Infrastructure**				
	Inadequate funding for rehabilitation of General Hospitals infrastructure	Develop a list of hospitals that need to be rehabilitated. Prioritize hospitals that are in a poor condition and develop project profiles for funding under the NDP IV	February 2025	CHS HID	The List of the GHs have been developed and the profile is in place for submission to MoFPED. This includes 16 General Hospitals: Abim, Apac, Atutur, Itojo, Bundibugyo, Kagadi, Kitagata, Kitgum, Pallisa, Kiboga, Masindi, Tororo, Bududa, Gombe, Kambuga and Kapchorwa. This will require estimated Ugx.1,632,332,426,379 over a period of five (05) years.
	High cost of maintenance for Oxygen plants, Regional Incinerators and other equipment.	Present the additional cost requirement to MoFPED for resource allocation and clearance of the arrears.	November 2024	PS / Hospital Directors	Costs required for maintenance and, utilities and clearance of arrears were profiled Maintenance and repair of 32 PSA oxygen plants across the country will require Ugx. 6.13Bn. Electricity Bills for PSA plants across the country will require 9.6Bn per year. 20 New Oxygen plants were procured and installed during COVID-19 and have never been functionalized. These requires Ugx. 8.6Bn to procure high-capacity transformers, high voltage power stabilizers and cabling. MOH engaged MOFPED in several meetings regarding the arrears, utilities and costs of maintenance. Funds have not been appropriated yet.
	None functionality of newly constructed Blood Banks	Provide adequate funding, human resources and equipment to the regional blood banks to enable them become fully functional.	June 2025	PS/Director UBTS	The facilities constructed in Arua, Soroti and Hoima have all been completed, equipped and the funds to recruit staff were provided. They have all been functionalized and are operational.

No.	Issue	Recommendation	Timeline	Responsibility	Progress
	Poor access to health services for hard-to-reach areas especially Karamoja.	Procure mobile Vans for integrated outreaches for hard-to-reach areas of Karamoja.	Medium term	PS / Partners	New OPDs, Maternity blocks, theatres and construction of staff house are ongoing through Italian support and UgIFT Old structures are also being improved and expanded. Integrated outreach vans with mobile CXRs and laboratories have been procured for all RRH, including Moroto RRH which will serve the Karamoja region.
4)	**Health Financing**				
	Off budget financing was not included in the AHSPR	Include the off-budget financing report finalized in the annual sector performance report.	June 2025	HDPs / CHS MSC & HP	Data collection for off-budget resource tracking FY 2024/25 and data analysis completed. The report is yet to be validated.
		Include a session on alignment of off-budget and development partner sponsored projects to national health priorities in future JRMs.	October 2025		This is not yet on the program for the JRM. Preference was to establish systems for tracking off budget support. The system is in place and robust analysis will be conducted and discussed next Year's meeting.
	Non-disclosure of Development Partner funding in LGs	Development Partners to provide IPFs for inclusion in the BFP as per the BCC	November 2025	Chair HDPs, IPs	This is not yet achieved. However, MOH has developed and digitized a pattern mapping and tracking tool to improve transparency and disclosure of available funding.
	Reduce fragmentation of off-budget resources.	Strengthen a virtual pooling option where off-budget funding is declared and factored in the IFMs and in the work plans at national and sub national levels.	Medium term	HDPs	The virtual pool has been developed. It is hosted on the MOH server. MOH is now developing the governance structures and functions of the virtual pool.
	Inequitable allocation of non-wage resources to RRHs.	Develop an allocation formula for Regional Referral Hospitals.	June 2025	CHS PFP, ACHS B&F, Hospital Directors	A concept to equitably allocate non-wage to RRH has been developed. The plan is to improve and expand the current result-based financing model to general and regional referral hospitals.
5)	**Medicines and Health Supplies**				
	Inadequate GoU financing for Medicines at 3 USD per capita per year.	Develop a policy brief for engaging Parliament on increasing GoU budget allocation for medicines and health supplies.	March 2025	CHS Pharmacy	Policy brief developed and disseminated among stakeholders including parliament to advocate for phased increase in the budget allocation for essential medicines and health supplies as per the 10-year supply chain roadmap.
	Incomplete data on ARV stock status at health facility level	Dissemination of the revised HMIS tools to ensure accurate reporting of commodities at lower-level health facilities	Immediate	CHS Pharmacy, ACHS HID	Revision of the HMIS tools was completed and the tools are being piloted. Feedback from the pilot will refine the tools prior to approval by Top management

No.	Issue	Recommendation	Timeline	Responsibility	Progress
6)	**Service Delivery**				
	Insufficient funds for ambulance servicing including maintenance at the regional hubs.	Prepare a Cabinet Memorandum on increasing funding for operations and maintenance of ambulances.	November 2024	PS	Funding ambulance servicing and maintenance at the regional hubs was included in the cabinet memo for additional sector funding. It is still an unfunded priority in the MPS 2025/26
		Recentralize maintenance of ambulances to regional level.	June 2025	CHS EMS	MOH engaged with LGs and the recentralization of ambulance maintenance was not agreed. The parties agreed to advocate for more resources to support repairs and maintenance
	Growing burden of NCDs, Communicable diseases and malnutrition.	Prioritize funding and implementation of Community Health interventions across the country. Countrywide scale up of CHEWs	FY 2025/26	CHS CH, LGs, Partners CHS HPE	The Ministry of Health with support from partners (World Bank, Global Fund, USG and Mastercard foundation) has mobilized resources to scale the CHEWs program country wide, in a phased manner By end of FY 24/25, 5288 CHEWs across 2699 parishes in 38 districts were trained and equipped An additional 3144 CHEWs in 1577 parishes in 32 districts will be starting training in January 2026. MOH is continuing to advocate for increase government allocation to CHEWs program.
7)	**Health Information System**				
	Incomplete reporting from private health providers	Work with the private sector to jointly establish a mechanism for ensuring regular reporting from the private health providers.	April 2025	CHS MSC & HP, ACHS HIM, UHF, Medical Bureaus, Health Professional Councils.	MOH has Integration of Private facility EMR with DHIS2- This has been tested, and a pilot has been planned. MOH has included private health providers in HMIS trainings. Joint support supervision of private health facilities to ensure reporting has been undertaken.
	Reporting on vital Statistics	Work with NIRA to establish a holistic, interconnected system that tracks the registration of birth and death.	June 2025	PS/ CHS PFP and NIRA	DHIS2 is integrated with the NIRA system (MVRS) and captures deaths and births. The interoperability enables analysis. The birth notification form was integrated with HMIS (Maternity register to facilitate birth notification.
	Capturing of Community Programme Performance indicators beyond the health facility.	Leverage on Community-led monitoring to obtain more comprehensive reporting for all diseases.	Medium term	PS/ CHS (CH) and PFP	This has commenced. MOH – Community health department convened an inaugural meeting with CSOs to discuss community led monitoring. Based on the feedback from this meeting, the community health department is leading the development and institutionalisation of a community led monitoring and social accountability framework.

ANNEX1: NATIONAL LEAGUE TABLE FY 2024/25

LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Scoring	Score	%	Score	Ratio	Score	%	**Score**	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	Score	%	**Score**	**%**	%	%
	5		5		5		10		5		10		5		5		10		10		5		5		5		5		5			
Kiruhura	90.8	4.8	100.0	5.0	213.8	5.0	123.3	10.0	114.7	5.0	113.9	10.0	93.7	4.9	113.4	5.0	94.8	10.0	2.7	8.8	100.0	5.0	100.0	5.0	100.0	5.0	78.0	4.1	93.0	4.7	92.3	1
Bundib-ugyo	94.7	5.0	100.0	5.0	284.8	5.0	82.1	8.6	73.6	3.9	87.1	9.2	207.1	5.0	131.6	5.0	95.3	10.0	-69.1	10.0	100.0	5.0	98.5	5.0	93.8	4.9	186.8	5.0	52.5	2.8	89.4	2
Mbale	100.0	5.0	100.0	5.0	102.3	5.0	92.4	9.7	82.3	4.3	90.0	9.5	110.9	5.0	110.0	5.0	89.9	9.5	3.6	8.4	100.0	5.0	91.5	4.8	100.0	5.0	78.9	4.2	72.5	3.6	89.0	3
Lira City	52.2	2.7	100.0	5.0	499.3	5.0	110.2	10.0	106.4	5.0	111.7	10.0	132.3	5.0	113.3	5.0	95.3	10.0	1.4	9.4	100.0	5.0	61.9	3.3	100.0	5.0	101.6	5.0	65.5	3.3	88.7	4
Amolatar	89.5	4.7	100.0	5.0	110.7	5.0	87.0	9.2	79.1	4.2	79.9	8.4	72.4	3.8	111.0	5.0	95.7	10.0	-8.7	10.0	100.0	5.0	81.5	4.3	100.0	5.0	77.3	4.1	67.0	3.5	87.1	5
Bududa	91.2	4.8	100.0	5.0	101.5	5.0	96.2	10.0	92.7	4.9	110.8	10.0	137.8	5.0	116.8	5.0	92.1	9.7	-4.7	10.0	50.0	2.6	20.2	1.1	90.8	4.8	118.5	5.0	48.0	2.5	85.4	6
Bunyang-abu	99.5	5.0	100.0	5.0	234.2	5.0	62.0	6.5	53.0	2.8	87.0	9.2	120.6	5.0	94.7	5.0	96.4	10.0	-4.6	10.0	100.0	5.0	83.7	4.4	100.0	5.0	83.3	4.4	59.0	3.1	85.3	7
Jinja City	100.0	5.0	100.0	5.0	664.8	5.0	81.5	8.6	75.5	4.0	104.4	10.0	74.5	3.9	121.0	5.0	96.1	10.0	-13.1	10.0	100.0	5.0	47.3	2.5	88.8	4.7	58.9	3.1	69.0	3.5	85.2	8
Kwania	99.6	5.0	100.0	5.0	201.3	5.0	81.0	8.5	76.0	4.0	79.0	8.3	117.8	5.0	103.4	5.0	94.2	9.9	-17.4	10.0	100.0	5.0	52.1	2.7	68.4	3.6	78.2	4.1	78.5	3.9	85.1	9
Ibanda	98.0	5.0	99.5	5.0	115.4	5.0	81.4	8.6	76.1	4.0	81.8	8.6	75.0	3.9	90.8	4.8	95.3	10.0	5.8	7.5	100.0	5.0	92.4	4.9	100.0	5.0	70.6	3.7	77.3	3.9	84.8	10
Abim	99.3	5.0	100.0	5.0	153.4	5.0	66.0	6.9	72.5	3.8	91.0	9.6	167.5	5.0	103.2	5.0	92.8	9.8	7.6	6.6	100.0	5.0	100.0	5.0	96.4	5.0	100.0	5.0	56.5	3.0	84.7	11
Rubanda	99.8	5.0	95.8	5.0	57.3	3.0	72.5	7.6	65.3	3.4	69.9	7.4	99.1	5.0	77.5	4.1	96.3	10.0	-1.5	10.0	100.0	5.0	92.7	4.9	96.8	5.0	87.5	4.6	89.5	4.5	84.5	12
Kazo	87.6	4.6	100.0	5.0	81.4	4.3	87.9	9.3	82.8	4.4	67.0	7.1	83.7	4.4	77.1	4.1	93.9	9.9	2.8	8.8	100.0	5.0	87.5	4.6	100.0	5.0	73.1	3.8	82.5	4.1	84.2	13

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LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Gulu City	100.0	5.0	100.0	5.0	388.8	5.0	76.3	8.0	74.3	3.9	148.0	10.0	56.0	2.9	107.3	5.0	94.6	10.0	-5.1	10.0	93.0	4.9	72.5	3.8	86.7	4.6	37.0	1.9	81.5	4.1	84.2	14
Isingiro	100.0	5.0	104.5	5.0	112.6	5.0	56.4	5.9	52.1	2.7	70.3	7.4	91.7	4.8	78.0	4.1	96.8	10.0	-0.4	10.0	0.0	5.0	97.3	5.0	100.0	5.0	85.0	4.5	92.5	4.6	84.1	15
Mitooma	90.1	4.7	100.0	5.0	116.4	5.0	72.7	7.7	67.2	3.5	71.4	7.5	104.6	5.0	70.1	3.7	96.7	10.0	2.6	8.8	100.0	5.0	90.9	4.8	91.7	4.8	115.4	5.0	62.0	3.1	83.7	16
Oyam	86.8	4.6	100.0	5.0	210.1	5.0	86.5	9.1	78.3	4.1	80.8	8.5	88.8	4.7	106.8	5.0	96.0	10.0	6.4	7.2	100.0	5.0	95.2	5.0	97.4	5.0	59.7	3.1	47.5	2.4	83.7	17
Pakwach	98.6	5.0	100.0	5.0	188.9	5.0	78.6	8.3	64.6	3.4	73.3	7.7	64.5	3.4	101.1	5.0	93.6	9.8	-1.1	10.0	100.0	5.0	93.5	4.9	100.0	5.0	53.8	2.8	62.5	3.1	83.5	18
Bukwo	91.4	4.8	100.0	5.0	179.2	5.0	66.1	7.0	64.2	3.4	98.0	10.0	133.5	5.0	115.1	5.0	85.4	9.0	-14.3	10.0	100.0	5.0	54.5	2.9	78.6	4.1	132.6	5.0	43.5	2.3	83.4	19
Masaka	94.7	5.0	100.0	5.0	276.3	5.0	78.2	8.2	77.2	4.1	61.2	6.4	162.7	5.0	110.6	5.0	93.9	9.9	4.4	8.1	100.0	5.0	100.0	5.0	100.0	5.0	117.7	5.0	33.5	1.7	83.3	20
Kabale	95.0	5.0	100.0	5.0	212.9	5.0	71.7	7.5	68.4	3.6	87.1	9.2	53.3	2.8	76.8	4.0	97.0	10.0	5.7	7.5	100.0	5.0	89.5	4.7	100.0	5.0	122.2	5.0	79.8	4.0	83.3	21
Manafwa	96.9	5.0	100.0	5.0	156.8	5.0	66.5	7.0	56.6	3.0	87.3	9.2	66.7	3.5	96.7	5.0	92.0	9.7	-14.1	10.0	100.0	5.0	96.0	5.0	100.0	5.0	40.4	2.1	73.5	3.7	83.2	22
Agago	91.5	4.8	98.2	5.0	116.8	5.0	53.6	5.6	52.1	2.7	65.4	6.9	96.3	5.0	91.0	4.8	90.1	9.5	-15.0	10.0	100.0	5.0	93.5	4.9	100.0	5.0	98.2	5.0	73.5	3.9	83.2	23
Otuke	98.5	5.0	100.0	5.0	270.1	5.0	61.7	6.5	57.9	3.0	59.5	6.3	135.1	5.0	94.6	5.0	95.8	10.0	-5.6	10.0	100.0	5.0	94.7	5.0	100.0	5.0	71.3	3.8	69.5	3.5	83.0	24
Mbale City	96.8	5.0	100.0	5.0	341.6	5.0	85.9	9.0	81.7	4.3	130.2	10.0	64.9	3.4	128.5	5.0	94.9	10.0	-0.3	10.0	83.6	4.4	61.9	3.3	58.1	3.1	43.2	2.3	58.0	2.9	82.6	25
Koboko	78.9	4.2	100.0	5.0	152.0	5.0	68.8	7.2	66.7	3.5	72.0	7.6	105.3	5.0	96.1	5.0	92.9	9.8	-9.6	10.0	100.0	5.0	68.6	3.6	95.7	5.0	85.1	4.5	43.5	2.2	82.5	26
Nebbi	98.0	5.0	92.6	4.9	203.1	5.0	168.2	10.0	74.1	3.9	105.6	10.0	44.3	2.3	100.1	5.0	96.4	10.0	10.6	5.4	100.0	5.0	93.6	4.9	100.0	5.0	40.1	2.1	76.5	3.8	82.3	27
Adjumani	95.7	5.0	122.7	5.0	156.7	5.0	70.5	7.4	74.2	3.9	94.1	9.9	122.7	5.0	99.0	5.0	96.3	10.0	10.9	5.2	100.0	5.0	74.8	3.9	100.0	5.0	118.5	5.0	34.5	1.8	82.2	28
Dokolo	98.3	5.0	100.0	5.0	115.0	5.0	79.8	8.4	72.7	3.8	75.4	7.9	75.1	4.0	99.1	5.0	93.1	9.8	4.9	7.8	100.0	5.0	75.4	4.0	100.0	5.0	70.7	3.7	50.5	2.7	82.1	29
Luwero	99.9	5.0	100.0	5.0	183.2	5.0	66.6	7.0	62.3	3.3	88.4	9.3	74.7	3.9	96.6	5.0	95.9	10.0	4.5	8.0	81.3	4.3	75.6	4.0	99.6	5.0	69.1	3.6	61.5	3.1	81.5	30
Kiboga	91.9	4.8	100.0	5.0	276.1	5.0	70.9	7.5	64.4	3.4	103.8	10.0	74.2	3.9	107.8	5.0	95.4	10.0	12.2	4.6	100.0	5.0	92.3	4.9	96.7	5.0	69.9	3.7	68.5	3.4	81.2	31
Pallisa	99.1	5.0	100.0	5.0	60.7	3.2	77.6	8.2	69.4	3.7	95.1	10.0	73.9	3.9	104.4	5.0	93.8	9.9	0.5	9.8	60.0	3.2	70.4	3.7	89.3	4.7	57.7	3.0	61.0	3.1	81.2	32
Rukungiri	99.4	5.0	88.5	4.7	171.8	5.0	63.0	6.6	62.8	3.3	76.8	8.1	52.5	2.8	72.6	3.8	97.6	10.0	-1.7	10.0	100.0	5.0	103.2	5.0	85.3	4.5	52.1	2.7	89.3	4.5	81.0	33

LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Bugiri	95.8	5.0	100.0	5.0	94.7	5.0	63.3	6.7	52.7	2.8	74.9	7.9	80.1	4.2	99.4	5.0	96.1	10.0	0.5	9.8	100.0	5.0	60.2	3.2	90.1	4.7	69.3	3.6	51.3	2.7	80.5	34
Sironko	95.4	5.0	100.0	5.0	89.8	4.7	59.8	6.3	52.8	2.8	86.7	9.1	73.7	3.9	98.3	5.0	94.1	9.9	-0.6	10.0	100.0	5.0	87.8	4.6	99.3	5.0	45.4	2.4	29.5	1.5	80.2	35
Rubirizi	100.0	5.0	100.0	5.0	167.1	5.0	66.9	7.0	70.6	3.7	61.1	6.4	72.5	3.8	77.7	4.1	95.7	10.0	-6.4	10.0	100.0	5.0	89.2	4.7	100.0	5.0	30.2	1.6	75.0	3.8	80.1	36
Napak	89.7	4.7	81.4	4.3	305.9	5.0	55.0	5.8	49.9	2.6	60.0	6.3	108.4	5.0	74.4	3.9	89.6	9.4	-5.9	10.0	100.0	5.0	95.5	5.0	100.0	5.0	83.3	4.4	71.0	3.6	80.0	37
Apac	85.8	4.5	100.0	5.0	239.7	5.0	80.0	8.4	69.3	3.6	77.0	8.1	80.0	4.2	121.8	5.0	95.7	10.0	3.6	8.4	66.7	3.5	48.4	2.5	90.8	4.8	48.7	2.6	80.0	4.2	79.9	38
Kamwenge	96.8	5.0	111.0	5.0	153.3	5.0	72.8	7.7	66.8	3.5	91.0	9.6	54.3	2.9	104.6	5.0	95.1	10.0	-0.2	10.0	100.0	5.0	58.4	3.1	6.1	0.3	60.0	3.2	95.0	4.8	79.9	39
Kakumiro	92.1	4.8	100.0	5.0	235.9	5.0	63.3	6.7	57.0	3.0	80.6	8.5	78.4	4.1	116.3	5.0	95.8	10.0	-0.9	10.0	100.0	5.0	52.9	2.8	78.6	4.1	45.4	2.4	68.0	3.4	79.8	40
Arua City	96.6	5.0	100.0	5.0	240.7	5.0	67.8	7.1	52.9	2.8	86.9	9.1	79.4	4.2	103.7	5.0	94.1	9.9	-12.1	10.0	52.0	2.7	32.0	1.7	89.1	4.7	78.8	4.1	62.5	3.3	79.7	41
Bushenyi	92.2	4.9	89.3	4.7	149.3	5.0	73.7	7.8	72.8	3.8	94.6	10.0	41.5	2.2	87.7	4.6	97.8	10.0	4.8	7.9	91.7	4.8	71.4	3.8	99.2	5.0	23.1	1.2	74.0	3.9	79.5	42
Kibuku	98.4	5.0	100.0	5.0	46.1	2.4	59.1	6.2	55.9	2.9	83.5	8.8	101.8	5.0	102.3	5.0	92.5	9.7	-0.1	10.0	100.0	5.0	86.4	4.5	97.1	5.0	44.9	2.4	45.5	2.3	79.3	43
Amuria	96.6	5.0	100.0	5.0	102.1	5.0	62.5	6.6	48.5	2.6	78.3	8.2	50.7	2.7	101.9	5.0	89.1	9.4	-25.1	10.0	100.0	5.0	110.4	5.0	100.0	5.0	34.9	1.8	55.5	2.9	79.2	44
Ma-di-Okollo	98.6	5.0	99.3	5.0	102.8	5.0	69.6	7.3	65.5	3.4	65.5	6.9	58.8	3.1	113.6	5.0	93.6	9.8	-9.5	10.0	100.0	5.0	93.5	4.9	97.4	5.0	50.6	2.7	19.5	1.0	79.2	45
Kabera-maido	93.2	4.9	100.0	5.0	106.4	5.0	55.6	5.9	53.1	2.8	75.1	7.9	76.8	4.0	100.5	5.0	91.9	9.7	1.2	9.5	100.0	5.0	60.6	3.2	100.0	5.0	49.4	2.6	70.5	3.5	79.0	46
Lamwo	87.2	4.6	78.4	4.1	108.4	5.0	64.2	6.8	64.3	3.4	62.8	6.6	87.9	4.6	88.1	4.6	91.1	9.6	-5.7	10.0	50.0	2.6	81.6	4.3	91.4	4.8	71.8	3.8	75.5	3.8	78.6	47
Serere	99.9	5.0	100.0	5.0	130.8	5.0	78.7	8.3	57.5	3.0	102.0	10.0	78.4	4.1	134.5	5.0	93.1	9.8	7.0	6.9	75.0	3.9	38.6	2.0	97.9	5.0	41.8	2.2	65.0	3.3	78.6	48
Buhweju	86.8	4.6	100.0	5.0	89.3	4.7	53.0	5.6	49.0	2.6	58.6	6.2	67.0	3.5	64.7	3.4	96.9	10.0	-7.3	10.0	100.0	5.0	81.0	4.3	92.9	4.9	87.3	4.6	80.0	4.2	78.5	49
Omoro	87.7	4.6	100.0	5.0	170.7	5.0	69.0	7.3	62.9	3.3	62.8	6.6	82.1	4.3	91.6	4.8	93.3	9.8	0.0	10.0	100.0	5.0	58.2	3.1	64.8	3.4	48.1	2.5	71.5	3.6	78.3	50
Tororo	92.4	4.9	103.4	5.0	174.6	5.0	67.7	7.1	56.4	3.0	82.5	8.7	68.4	3.6	89.8	4.7	95.5	10.0	4.3	8.1	93.8	4.9	95.5	5.0	78.7	4.1	51.2	2.7	28.0	1.4	78.3	51
Kumi	99.5	5.0	100.0	5.0	101.7	5.0	63.9	6.7	57.1	3.0	77.2	8.1	61.2	3.2	101.4	5.0	94.2	9.9	2.2	9.0	83.3	4.4	64.3	3.4	98.8	5.0	24.8	1.3	82.0	4.1	78.2	52

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LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Lira	91.8	4.8	100.0	5.0	169.7	5.0	58.2	6.1	50.5	2.7	51.4	5.4	131.2	5.0	73.8	3.9	93.4	9.8	-1.9	10.0	100.0	5.0	70.6	3.7	96.7	5.0	59.0	3.1	69.0	3.5	78.0	53
Alebtong	100.0	5.0	100.0	5.0	149.2	5.0	61.2	6.4	57.8	3.0	60.1	6.3	55.2	2.9	83.7	4.4	93.5	9.8	-4.7	10.0	100.0	5.0	78.7	4.1	94.7	5.0	33.5	1.8	78.5	4.1	78.0	54
Nabilatuk	96.9	5.0	87.6	4.6	244.9	5.0	73.8	7.8	73.1	3.8	57.9	6.1	71.4	3.8	78.9	4.2	86.2	9.1	3.0	8.7	100.0	5.0	68.8	3.6	100.0	5.0	61.1	3.2	63.0	3.2	78.0	55
Kanungu	99.1	5.0	98.4	5.0	150.6	5.0	56.5	5.9	56.0	2.9	64.8	6.8	56.5	3.0	72.4	3.8	96.7	10.0	-4.6	10.0	87.5	4.6	84.3	4.4	87.3	4.6	55.9	2.9	77.0	3.9	77.9	56
Kikuube	51.8	2.7	106.1	5.0	275.1	5.0	103.7	10.0	74.9	3.9	88.9	9.4	83.5	4.4	115.3	5.0	93.5	9.8	16.1	2.9	100.0	5.0	68.6	3.6	77.3	4.1	75.5	4.0	61.0	3.1	77.9	57
Nakapirip-irit	86.7	4.6	100.0	5.0	404.7	5.0	55.7	5.9	51.6	2.7	75.3	7.9	53.1	2.8	98.1	5.0	89.3	9.4	-13.5	10.0	100.0	5.0	86.1	4.5	88.6	4.7	57.4	3.0	44.5	2.2	77.7	58
Kween	97.0	5.0	100.0	5.0	75.8	4.0	55.7	5.9	54.4	2.9	84.9	8.9	62.1	3.3	108.0	5.0	89.9	9.5	-3.4	10.0	100.0	5.0	38.5	2.0	99.0	5.0	61.4	3.2	60.5	3.0	77.7	59
Amuru	100.0	5.0	100.0	5.0	108.7	5.0	65.8	6.9	58.6	3.1	56.4	5.9	42.0	2.2	109.7	5.0	91.2	9.6	-1.6	10.0	100.0	5.0	83.9	4.4	100.0	5.0	41.7	2.2	62.5	3.3	77.7	60
Mbarara City	100.0	5.0	100.0	5.0	331.7	5.0	86.2	9.1	78.7	4.1	125.7	10.0	41.5	2.2	108.0	5.0	97.4	10.0	12.6	4.5	89.7	4.7	57.7	3.0	83.3	4.4	33.4	1.8	75.0	3.8	77.5	61
Kamuli	96.6	5.0	100.0	5.0	142.5	5.0	61.7	6.5	56.7	3.0	74.3	7.8	65.5	3.4	108.1	5.0	95.4	10.0	5.2	7.7	100.0	5.0	85.7	4.5	100.0	5.0	45.2	2.4	41.8	2.1	77.5	62
Nwoya	95.0	5.0	100.0	5.0	194.9	5.0	69.9	7.4	62.9	3.3	63.1	6.6	60.0	3.2	93.5	4.9	92.6	9.7	10.6	5.4	100.0	5.0	102.7	5.0	100.0	5.0	67.8	3.6	66.5	3.3	77.4	63
Rukiga	98.7	5.0	87.4	4.6	92.9	4.9	50.8	5.4	41.8	2.2	45.8	4.8	84.2	4.4	59.9	3.2	96.2	10.0	2.8	8.8	100.0	5.0	103.4	5.0	100.0	5.0	97.4	5.0	83.0	4.2	77.4	64
Ntoroko	90.9	4.8	100.0	5.0	157.6	5.0	56.3	5.9	45.5	2.4	54.0	5.7	137.8	5.0	80.1	4.2	97.4	10.0	-5.7	10.0	100.0	5.0	83.3	4.4	75.0	3.9	75.2	4.0	38.0	1.9	77.2	65
Obongi	97.2	5.0	77.3	4.1	146.2	5.0	56.8	6.0	52.7	2.8	55.7	5.9	101.3	5.0	66.8	3.5	94.9	10.0	-17.2	10.0	100.0	5.0	64.3	3.4	91.7	4.8	116.7	5.0	32.0	1.6	77.0	66
Buyende	88.3	4.6	100.0	5.0	84.5	4.4	65.1	6.9	69.4	3.7	80.9	8.5	88.6	4.7	127.5	5.0	92.6	9.7	9.0	6.0	100.0	5.0	42.4	2.2	100.0	5.0	73.5	3.9	44.0	2.3	77.0	67
Busia	89.8	4.7	100.0	5.0	130.6	5.0	67.6	7.1	57.3	3.0	90.2	9.5	52.7	2.8	88.9	4.7	95.8	10.0	-6.9	10.0	80.0	4.2	36.4	1.9	100.0	5.0	31.6	1.7	44.0	2.3	76.9	68
Pader	100.0	5.0	88.8	4.7	130.7	5.0	61.2	6.4	53.2	2.8	54.9	5.8	73.4	3.9	82.4	4.3	88.2	9.3	0.8	9.7	100.0	5.0	71.8	3.8	92.4	4.9	48.1	2.5	71.0	3.6	76.6	69
Yumbe	97.2	5.0	120.6	5.0	81.9	4.3	62.0	6.5	53.8	2.8	66.3	7.0	112.1	5.0	76.2	4.0	91.8	9.7	3.9	8.3	71.4	3.8	46.5	2.4	100.0	5.0	97.7	5.0	54.0	2.7	76.5	70
Lyantonde	99.9	5.0	100.0	5.0	302.2	5.0	58.9	6.2	50.8	2.7	83.1	8.7	61.5	3.2	85.8	4.5	94.6	10.0	10.3	5.5	100.0	5.0	80.7	4.2	100.0	5.0	71.1	3.7	47.0	2.4	76.2	71

LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Katakwi	87.7	4.6	100.0	5.0	92.2	4.9	59.7	6.3	57.0	3.0	76.7	8.1	52.8	2.8	82.4	4.3	93.1	9.8	-7.2	10.0	100.0	5.0	35.2	1.9	94.4	5.0	53.5	2.8	55.0	2.8	76.1	72
Fort Portal City	99.9	5.0	100.0	5.0	458.0	5.0	76.4	8.0	72.1	3.8	147.8	10.0	132.6	5.0	109.6	5.0	96.2	10.0	11.1	5.1	96.6	5.0	47.0	2.5	8.7	0.5	62.2	3.3	55.5	2.9	76.1	73
Kitagwen-da	99.9	5.0	100.0	5.0	144.9	5.0	68.3	7.2	61.8	3.3	69.6	7.3	47.3	2.5	110.2	5.0	95.3	10.0	1.8	9.2	100.0	5.0	38.5	2.0	95.5	5.0	29.2	1.5	59.5	3.0	76.0	74
Nakaseke	98.8	5.0	100.0	5.0	248.2	5.0	58.1	6.1	51.9	2.7	76.6	8.1	49.2	2.6	100.0	5.0	96.5	10.0	-10.8	10.0	100.0	5.0	60.1	3.2	50.0	2.6	24.9	1.3	86.0	4.3	75.9	75
Zombo	75.9	4.0	86.8	4.6	164.1	5.0	73.2	7.7	59.5	3.1	60.4	6.4	44.8	2.4	92.3	4.9	96.3	10.0	-2.8	10.0	100.0	5.0	75.9	4.0	78.9	4.2	23.9	1.3	67.5	3.4	75.8	76
Masindi	91.3	4.8	100.0	5.0	265.0	5.0	66.2	7.0	55.3	2.9	67.6	7.1	26.7	1.4	93.3	4.9	93.8	9.9	-9.9	10.0	100.0	5.0	85.9	4.5	42.9	2.3	54.6	2.9	62.0	3.1	75.7	77
Namisind-wa	93.4	4.9	100.0	5.0	124.3	5.0	49.6	5.2	54.3	2.9	96.6	10.0	48.3	2.5	95.7	5.0	91.0	9.6	-13.2	10.0	0.0	5.0	2.4	0.1	100.0	5.0	32.1	1.7	75.5	3.8	75.7	78
Iganga	98.4	5.0	100.0	5.0	216.6	5.0	64.3	6.8	66.3	3.5	106.9	10.0	64.6	3.4	118.5	5.0	93.1	9.8	11.1	5.1	93.8	4.9	61.1	3.2	74.3	3.9	50.6	2.7	44.0	2.2	75.5	79
Kasese	91.8	4.8	96.6	5.0	131.2	5.0	55.3	5.8	56.7	3.0	72.5	7.6	38.8	2.0	86.4	4.5	95.9	10.0	-7.3	10.0	100.0	5.0	57.2	3.0	88.6	4.7	46.5	2.4	49.0	2.5	75.4	80
Kitgum	96.6	5.0	89.9	4.7	197.8	5.0	63.3	6.7	55.1	2.9	76.0	8.0	40.6	2.1	91.3	4.8	91.2	9.6	7.9	6.5	93.8	4.9	79.9	4.2	94.7	5.0	42.6	2.2	74.0	3.7	75.4	81
Kagadi	96.8	5.0	100.0	5.0	272.8	5.0	56.2	5.9	54.0	2.8	58.3	6.1	77.7	4.1	107.1	5.0	96.6	10.0	5.0	7.8	100.0	5.0	56.5	3.0	50.0	2.6	83.7	4.4	71.5	3.6	75.3	82
Kyegegwa	100.0	5.0	100.0	5.0	153.9	5.0	58.1	6.1	59.8	3.1	82.4	8.7	79.3	4.2	107.6	5.0	94.5	10.0	-3.1	10.0	75.0	3.9	40.7	2.1	25.0	1.3	64.2	3.4	42.0	2.1	74.9	83
Mpigi	91.5	4.8	84.5	4.4	212.7	5.0	66.3	7.0	57.5	3.0	71.1	7.5	58.5	3.1	88.0	4.6	93.8	9.9	11.8	4.8	87.5	4.6	95.0	5.0	94.6	5.0	50.1	2.6	67.5	3.4	74.7	84
Kaliro	94.8	5.0	100.0	5.0	173.2	5.0	62.8	6.6	55.6	2.9	64.3	6.8	47.5	2.5	97.7	5.0	94.4	9.9	-3.7	10.0	100.0	5.0	61.4	3.2	100.0	5.0	31.2	1.6	20.5	1.0	74.6	85
Kotido	66.6	3.5	100.0	5.0	309.9	5.0	63.2	6.7	59.8	3.1	74.3	7.8	68.8	3.6	85.0	4.5	93.1	9.8	11.1	5.1	66.7	3.5	67.3	3.5	97.6	5.0	608.2	5.0	67.3	3.4	74.6	86
Kapchorwa	88.8	4.7	95.2	5.0	165.4	5.0	52.8	5.6	45.4	2.4	99.0	10.0	50.5	2.7	82.9	4.4	91.3	9.6	2.6	8.9	100.0	5.0	49.1	2.6	95.0	5.0	28.5	1.5	47.3	2.4	74.6	87
Maracha	94.2	5.0	79.1	4.2	180.2	5.0	64.5	6.8	56.2	3.0	60.1	6.3	37.7	2.0	94.7	5.0	90.7	9.6	-5.6	10.0	100.0	5.0	96.9	5.0	100.0	5.0	27.5	1.4	24.0	1.2	74.4	88
Kole	96.5	5.0	100.0	5.0	144.7	5.0	64.2	6.8	55.3	2.9	66.2	7.0	83.3	4.4	85.9	4.5	95.2	10.0	-14.0	10.0	100.0	5.0	25.6	1.3	77.8	4.1	21.6	1.1	44.0	2.2	74.3	89
Kyotera	100.0	5.0	100.0	5.0	254.4	5.0	58.0	6.1	47.9	2.5	83.0	8.7	43.4	2.3	74.3	3.9	95.3	10.0	7.2	6.8	100.0	5.0	72.1	3.8	100.0	5.0	49.2	2.6	51.0	2.6	74.3	90

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LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Budaka	93.7	4.9	100.0	5.0	101.6	5.0	66.4	7.0	57.0	3.0	97.1	10.0	65.0	3.4	106.5	5.0	94.6	10.0	10.4	5.4	100.0	5.0	31.3	1.6	98.4	5.0	25.5	1.3	49.0	2.6	74.3	91
Bulambuli	93.3	4.9	100.0	5.0	170.8	5.0	42.9	4.5	42.9	2.3	72.7	7.7	68.9	3.6	70.6	3.7	93.5	9.8	0.1	9.9	100.0	5.0	53.8	2.8	83.0	4.4	68.8	3.6	36.0	1.9	74.2	92
Kibaale	89.7	4.7	100.0	5.0	191.5	5.0	71.8	7.6	55.1	2.9	63.6	6.7	27.7	1.5	113.1	5.0	93.6	9.8	4.7	7.9	100.0	5.0	66.0	3.5	100.0	5.0	11.9	0.6	72.0	3.6	73.8	93
Moyo	88.2	4.6	69.0	3.6	137.8	5.0	51.2	5.4	50.1	2.6	62.3	6.6	68.5	3.6	66.4	3.5	96.1	10.0	-2.3	10.0	100.0	5.0	68.3	3.6	97.1	5.0	63.1	3.3	37.0	1.9	73.7	94
Kyank-wanzi	76.7	4.0	100.0	5.0	206.9	5.0	57.2	6.0	49.8	2.6	52.4	5.5	79.8	4.2	99.4	5.0	95.3	10.0	-1.9	10.0	100.0	5.0	27.7	1.5	62.0	3.3	75.1	4.0	53.0	2.7	73.7	95
Namutum-ba	72.2	3.8	100.0	5.0	81.9	4.3	58.3	6.1	46.1	2.4	58.3	6.1	61.5	3.2	95.4	5.0	94.3	9.9	-17.4	10.0	100.0	5.0	56.8	3.0	78.0	4.1	45.1	2.4	54.5	2.7	73.2	96
Mityana	99.0	5.0	96.7	5.0	258.0	5.0	49.4	5.2	49.4	2.6	69.3	7.3	79.7	4.2	81.9	4.3	95.4	10.0	6.3	7.2	93.3	4.9	54.9	2.9	45.0	2.4	73.5	3.9	64.3	3.2	73.1	97
Namay-ingo	100.0	5.0	100.0	5.0	95.2	5.0	74.6	7.9	57.4	3.0	60.8	6.4	87.0	4.6	107.0	5.0	94.9	10.0	12.4	4.5	100.0	5.0	31.0	1.6	50.7	2.7	95.5	5.0	48.0	2.4	73.1	98
Mubende	96.1	5.0	100.0	5.0	166.1	5.0	72.5	7.6	59.0	3.1	70.8	7.5	96.2	5.0	97.5	5.0	97.4	10.0	5.7	7.5	52.4	2.8	2.9	0.2	34.0	1.8	81.1	4.3	65.8	3.3	72.9	99
Moroto	75.7	4.0	100.0	5.0	883.8	5.0	59.6	6.3	54.2	2.9	68.8	7.2	94.8	5.0	125.2	5.0	92.9	9.8	18.2	2.0	100.0	5.0	77.0	4.1	90.3	4.8	65.3	3.4	71.3	3.6	72.9	100
Ntungamo	98.0	5.0	80.2	4.2	167.3	5.0	52.9	5.6	45.7	2.4	69.9	7.4	46.0	2.4	72.1	3.8	96.9	10.0	2.6	8.9	83.3	4.4	56.5	3.0	98.8	5.0	46.7	2.5	60.0	3.0	72.5	101
Kabarole	83.4	4.4	88.3	4.6	134.1	5.0	45.0	4.7	46.6	2.5	43.4	4.6	76.8	4.0	76.1	4.0	94.0	9.9	0.7	9.7	100.0	5.0	75.0	3.9	94.2	5.0	46.0	2.4	51.0	2.6	72.3	102
Bukedea	100.0	5.0	100.0	5.0	57.6	3.0	58.7	6.2	42.7	2.2	65.6	6.9	78.3	4.1	98.8	5.0	93.0	9.8	-23.5	10.0	0.0	5.0	2.5	0.1	71.4	3.8	27.4	1.4	87.5	4.6	72.2	103
Jinja	95.8	5.0	77.7	4.1	91.8	4.8	53.9	5.7	47.4	2.5	51.9	5.5	80.3	4.2	83.8	4.4	94.0	9.9	9.0	6.0	100.0	5.0	76.0	4.0	82.6	4.3	62.8	3.3	59.5	3.0	71.8	104
Kassanda	100.0	5.0	100.0	5.0	266.6	5.0	56.8	6.0	68.1	3.6	78.4	8.3	177.0	5.0	114.5	5.0	95.8	10.0	7.4	6.7	100.0	5.0	0.0	0.0	8.9	0.5	63.5	3.3	67.6	3.4	71.8	105
Sheema	98.9	5.0	73.6	3.9	137.1	5.0	48.1	5.1	43.4	2.3	72.2	7.6	37.2	2.0	49.2	2.6	97.1	10.0	1.7	9.3	100.0	5.0	64.2	3.4	99.2	5.0	49.1	2.6	62.5	3.1	71.7	106
Mayuge	92.6	4.9	100.0	5.0	99.7	5.0	61.6	6.5	51.8	2.7	59.6	6.3	48.8	2.6	105.9	5.0	95.3	10.0	6.4	7.2	100.0	5.0	61.3	3.2	68.8	3.6	52.7	2.8	36.0	1.8	71.5	107
Mukono	84.5	4.4	94.8	5.0	173.4	5.0	51.1	5.4	41.9	2.2	58.1	6.1	58.5	3.1	78.2	4.1	96.8	10.0	6.6	7.1	94.1	5.0	94.7	5.0	71.5	3.8	50.3	2.6	51.0	2.6	71.3	108
Kiryan-dongo	100.0	5.0	100.8	5.0	187.5	5.0	50.2	5.3	57.7	3.0	67.5	7.1	48.2	2.5	100.8	5.0	91.9	9.7	11.6	4.9	100.0	5.0	51.4	2.7	95.5	5.0	47.7	2.5	66.5	3.3	71.1	109

LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Kampala	0.0	0.0	88.6	4.7	403.9	5.0	55.1	5.8	76.0	4.0	98.6	10.0	60.2	3.2	110.3	5.0	96.9	10.0	-15.0	10.0	89.9	4.7	43.9	2.3	21.9	1.2	35.2	1.9	63.0	3.2	70.8	110
Hoima City	91.7	4.8	96.9	5.0	405.4	5.0	51.2	5.4	48.1	2.5	136.9	10.0	36.4	1.9	108.8	5.0	95.3	10.0	-3.4	10.0	97.7	5.0	31.7	1.7	1.6	0.1	29.9	1.6	53.5	2.7	70.7	111
Gulu	81.0	4.3	87.8	4.6	85.7	4.5	55.2	5.8	49.3	2.6	52.2	5.5	46.2	2.4	88.5	4.7	89.1	9.4	9.2	6.0	100.0	5.0	82.1	4.3	100.0	5.0	53.0	2.8	73.0	3.7	70.5	112
Rwampara	94.9	5.0	100.0	5.0	266.3	5.0	50.9	5.4	47.6	2.5	45.9	4.8	53.0	2.8	59.1	3.1	95.9	10.0	-5.1	10.0	100.0	5.0	37.5	2.0	53.8	2.8	56.9	3.0	72.5	3.6	70.0	113
Amudat	57.4	3.0	70.1	3.7	148.0	5.0	40.8	4.3	27.6	1.5	41.5	4.4	93.3	4.9	75.3	4.0	91.9	9.7	-53.0	10.0	100.0	5.0	54.7	2.9	92.3	4.9	87.7	4.6	41.5	2.2	69.9	114
Terego	87.0	4.6	77.4	4.1	118.5	5.0	47.4	5.0	47.5	2.5	51.7	5.4	63.3	3.3	71.0	3.7	90.4	9.5	-17.2	10.0	100.0	5.0	63.4	3.3	98.3	5.0	38.9	2.0	26.0	1.3	69.9	115
Butaleja	90.8	4.8	87.2	4.6	73.5	3.9	71.6	7.5	58.5	3.1	72.8	7.7	38.1	2.0	96.9	5.0	94.7	10.0	2.3	9.0	66.7	3.5	1.4	0.1	89.4	4.7	39.6	2.1	27.0	1.4	69.3	116
Kaabong	96.5	5.0	56.3	3.0	234.3	5.0	32.1	3.4	32.6	1.7	42.7	4.5	43.4	2.3	48.2	2.5	98.6	10.0	-4.0	10.0	100.0	5.0	100.0	5.0	100.0	5.0	65.3	3.4	63.5	3.2	69.0	117
Kayunga	100.0	5.0	86.5	4.6	163.0	5.0	64.8	6.8	50.8	2.7	72.8	7.7	41.2	2.2	95.6	5.0	96.7	10.0	16.5	2.7	91.3	4.8	59.4	3.1	75.0	3.9	41.3	2.2	63.0	3.2	68.8	118
Kalungu	94.1	5.0	80.5	4.2	206.3	5.0	53.1	5.6	47.2	2.5	82.5	8.7	23.0	1.2	70.7	3.7	96.2	10.0	12.7	4.4	100.0	5.0	85.5	4.5	100.0	5.0	29.8	1.6	44.0	2.2	68.6	119
Gomba	97.7	5.0	100.0	5.0	176.3	5.0	56.3	5.9	44.3	2.3	45.3	4.8	48.7	2.6	84.2	4.4	95.3	10.0	2.4	8.9	100.0	5.0	0.0	0.0	100.0	5.0	49.5	2.6	38.0	1.9	68.5	120
Kyenjojo	92.7	4.9	91.8	4.8	185.8	5.0	57.4	6.0	44.9	2.4	69.4	7.3	40.9	2.2	82.5	4.3	96.2	10.0	-7.7	10.0	100.0	5.0	39.6	2.1	7.1	0.4	32.4	1.7	43.0	2.2	68.2	121
Lwengo	93.9	4.9	92.4	4.9	228.7	5.0	50.4	5.3	43.0	2.3	54.7	5.8	95.3	5.0	68.9	3.6	94.4	9.9	13.5	4.0	100.0	5.0	42.5	2.2	68.9	3.6	71.5	3.8	53.5	2.7	68.0	122
Wakiso	89.1	4.7	92.6	4.9	132.1	5.0	29.5	3.1	30.2	1.6	39.1	4.1	41.3	2.2	60.0	3.2	96.6	10.0	-1.2	10.0	82.6	4.3	33.2	1.7	79.7	4.2	97.1	5.0	75.0	3.8	67.7	123
Luuka	92.4	4.9	91.2	4.8	140.6	5.0	44.7	4.7	40.5	2.1	36.9	3.9	98.9	5.0	72.2	3.8	93.8	9.9	1.4	9.4	100.0	5.0	31.0	1.6	48.3	2.5	59.9	3.2	39.0	2.0	67.7	124
Nakasongola	99.9	5.0	87.6	4.6	151.7	5.0	53.2	5.6	43.7	2.3	64.5	6.8	39.5	2.1	92.1	4.8	95.0	10.0	-1.9	10.0	0.0	5.0	0.0	0.0	14.1	0.7	60.2	3.2	51.0	2.6	67.7	125
Masaka City	77.2	4.1	84.6	4.5	280.5	5.0	51.0	5.4	54.6	2.9	92.5	9.7	42.6	2.2	75.2	4.0	97.4	10.0	9.3	5.9	92.5	4.9	20.5	1.1	89.0	4.7	30.3	1.6	33.5	1.7	67.5	126
Soroti City	94.3	5.0	100.0	5.0	333.8	5.0	79.0	8.3	71.7	3.8	121.3	10.0	62.2	3.3	126.9	5.0	95.9	10.0	8.7	6.2	8.7	0.5	7.3	0.4	7.5	0.4	29.0	1.5	56.5	2.8	67.1	127
Kalangala	99.9	5.0	80.4	4.2	622.2	5.0	48.4	5.1	43.4	2.3	38.7	4.1	67.5	3.6	72.3	3.8	90.2	9.5	1.0	9.6	100.0	5.0	12.0	0.6	60.0	3.2	59.0	3.1	56.0	2.8	66.8	128

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LGs	Human Resource (5%)		Coverage (40%)														Quality (30%)								Community Health (10%)				Management (5%)		Summary	
	proportion of Wage absorption (%)		DPT 3		TB Case Notification Rate/100000		IPT3 Cov (%)		ANC 4 Cov (%)		Deliveries (%)		Under-five Vitamin A second dose cov (%)		Proportion of pregnant women tested for HIV during the current pregnancy		ART Viral Suppression Rate (%)		DPT1 to Measles Rubella Drop Out Rate (%)		Maternal deaths reviewed (%)		Perinatal death reviewed (%)		VHT/ICCM quarterly reports rate (%)		Proportion of under 5 dewormed in the last 6 months		LG Performance Assessment Score (%)		Total Score	National Ranking
Kapeleby-ong	85.4	4.5	75.5	4.0	204.8	5.0	54.1	5.7	37.9	2.0	54.8	5.8	56.7	3.0	83.8	4.4	92.5	9.7	12.6	4.5	100.0	5.0	55.0	2.9	92.9	4.9	39.0	2.1	68.0	3.4	66.8	129
Mbarara	97.5	5.0	100.0	5.0	167.8	5.0	55.3	5.8	48.6	2.6	51.4	5.4	57.5	3.0	58.4	3.1	97.0	10.0	16.5	2.7	100.0	5.0	107.1	5.0	63.5	3.3	37.5	2.0	71.5	3.6	66.5	130
Buliisa	97.5	5.0	78.0	4.1	163.8	5.0	45.8	4.8	45.6	2.4	52.2	5.5	50.4	2.7	86.1	4.5	92.2	9.7	13.3	4.2	100.0	5.0	84.0	4.4	69.4	3.7	55.6	2.9	44.5	2.3	66.2	131
Kalaki	97.7	5.0	77.8	4.1	134.9	5.0	51.3	5.4	42.5	2.2	52.1	5.5	29.5	1.6	77.1	4.1	93.0	9.8	11.6	4.9	100.0	5.0	86.8	4.6	83.3	4.4	10.1	0.5	78.0	3.9	65.9	132
Rakai	99.9	5.0	85.2	4.5	130.9	5.0	47.7	5.0	38.1	2.0	54.3	5.7	83.5	4.4	64.2	3.4	94.4	9.9	13.7	4.0	100.0	5.0	44.3	2.3	63.4	3.3	68.6	3.6	54.0	2.7	65.9	133
Buikwe	93.7	4.9	88.8	4.7	159.4	5.0	61.0	6.4	53.2	2.8	63.2	6.7	63.7	3.4	81.9	4.3	94.8	10.0	15.6	3.1	80.0	4.2	57.7	3.0	43.9	2.3	42.1	2.2	51.0	2.7	65.7	134
Sembabule	95.8	5.0	88.7	4.7	150.2	5.0	41.7	4.4	35.4	1.9	37.7	4.0	48.0	2.5	71.8	3.8	93.5	9.8	14.4	3.7	100.0	5.0	93.5	4.9	99.3	5.0	44.9	2.4	64.5	3.2	65.2	135
Butambala	75.9	4.0	80.5	4.2	206.8	5.0	44.1	4.6	32.4	1.7	117.7	10.0	81.4	4.3	71.2	3.7	95.8	10.0	18.2	2.0	88.9	4.7	5.7	0.3	75.0	3.9	56.2	3.0	60.0	3.2	64.7	136
Bugweri	88.4	4.7	99.2	5.0	96.9	5.0	53.6	5.6	51.8	2.7	61.6	6.5	19.6	1.0	85.2	4.5	95.6	10.0	8.3	6.3	100.0	5.0	6.9	0.4	64.3	3.4	44.6	2.3	31.0	1.6	64.1	137
Karenga	81.8	4.3	63.3	3.3	198.3	5.0	58.4	6.1	34.7	1.8	52.5	5.5	79.5	4.2	54.0	2.8	81.8	8.6	8.7	6.2	100.0	5.0	22.6	1.2	80.0	4.2	59.6	3.1	50.5	2.5	64.0	138
Kisoro	97.9	5.0	65.2	3.4	67.8	3.6	38.7	4.1	30.6	1.6	52.2	5.5	33.2	1.7	60.4	3.2	96.1	10.0	-8.5	10.0	71.4	3.8	55.8	2.9	66.1	3.5	28.1	1.5	72.5	3.6	63.4	139
Buvuma	94.0	4.9	100.0	5.0	400.6	5.0	48.9	5.2	39.2	2.1	60.1	6.3	60.1	3.2	83.7	4.4	93.6	9.9	22.7	0.0	100.0	5.0	80.0	4.2	80.8	4.3	34.9	1.8	38.5	2.0	63.2	140
Ngora	96.9	5.0	93.3	4.9	50.1	2.6	50.3	5.3	39.4	2.1	63.3	6.7	71.2	3.7	71.7	3.8	92.7	9.8	4.0	8.2	100.0	5.0	25.0	1.3	0.0	0.0	27.5	1.4	66.5	3.3	63.2	141
Bukoman-simbi	100.0	5.0	87.6	4.6	122.5	5.0	45.4	4.8	40.5	2.1	52.9	5.6	37.4	2.0	65.3	3.4	92.9	9.8	8.9	6.1	50.0	2.6	0.0	0.0	93.8	4.9	48.1	2.5	50.0	2.6	61.1	142
Hoima	98.5	5.0	88.8	4.7	283.4	5.0	67.7	7.1	64.1	3.4	48.2	5.1	51.3	2.7	41.7	2.2	22.7	2.4	15.2	3.3	100.0	5.0	70.0	3.7	97.4	5.0	42.5	2.2	69.0	3.5	60.2	143
Butebo	96.4	5.0	64.2	3.4	98.0	5.0	41.7	4.4	32.0	1.7	49.0	5.2	20.6	1.1	74.5	3.9	93.4	9.8	7.4	6.8	0.0	5.0	0.0	0.0	100.0	5.0	16.9	0.9	33.0	1.7	58.8	144
Soroti	97.2	5.0	77.7	4.1	42.1	2.2	47.7	5.0	37.9	2.0	45.4	4.8	53.6	2.8	71.5	3.8	91.3	9.6	5.6	7.5	0.0	5.0	0.0	0.0	51.7	2.7	15.9	0.8	49.0	2.5	57.8	145
Arua	77.3	4.1	33.7	1.8	51.0	2.7	27.9	2.9	21.0	1.1	23.5	2.5	19.2	1.0	38.9	2.0	95.8	10.0	7.1	6.9	100.0	5.0	92.5	4.9	100.0	5.0	22.2	1.2	62.5	3.3	54.3	146
National	74.0	3.9	104.0	5.0	181.2	5.0	61.1	6.4	55.7	2.9	72.2	7.6	68.6	3.6	90.0	4.7	94.1	9.9	-0.1	10.0	88.3	4.6	56.2	**3**	60.0	3.0	62.9	**5.0**	**43.7**	2.2	**76.9**	

ANNEX 2: GENERAL HOSPITAL PERFORMANCE AGAINST APGS & DRGS

No.	Hospital	Owner-ship	No. of admissions	Total OPD	No. of beds/ Month	Total APGs	Total DRGs	Overall Score
1	Iganga General Hospital	GOV	19,918	91,503	192	110,875	22,037	72
2	Luwero General Hospital	GOV	19,325	65,471	115	92,937	13,877	65
3	Tororo General Hospital	GOV	15,490	82,209	224	95,026	20,604	65
4	Kamuli General Hospital	GOV	21,508	82,143	167	75,146	19,001	62
5	Lugazi Scoul Hospital	PNFP	4,019	41,323	44	19,961	3,591	62
6	Kitgum General Hospital	GOV	23,347	72,262	255	75,934	18,947	61
7	Kawolo General Hospital	GOV	16,448	113,354	146	77,496	16,605	58
8	St. Kizito Matany Hospital	PNFP	14,123	50,544	277	58,896	18,212	58
9	Nakasero Hospital	PFP	6,634	112,968	99	91,529	13,129	57
10	Kakira Sugar Works Hospital	PNFP	3,359	40,734	74	33,388	1,767	56
11	Rukoki General Hospital	GOV	9,970	29,142	62	56,331	11,911	56
12	Holy Innocent's Children's Hospital	PNFP	6,821	42,932	75	45,696	11,666	56
13	Nebbi General Hospital	GOV	12,279	85,229	190	106,157	13,213	56
14	Bombo General Military Hospital	GOV	9,716	74,749	226	94,687	14,322	55
15	Cure Children's Hospital	PNFP	2,036	5,973	71	24,544	12,707	54
16	Angal Hospital	PNFP	12,429	24,355	239	60,017	16,313	53
17	Virika Hospital	PNFP	3,178	23,813	163	25,803	20,978	53
18	Adjumani General Hospital	GOV	11,436	62,688	327	71,901	14,459	52
19	Atutur General Hospital	GOV	17,785	91,152	155	74,424	12,188	51
20	Ruharo Mission Hospital	PNFP	4,473	34,795	143	32,505	15,162	49
21	Katakwi General Hospital	GOV	13,849	50,612	114	57,808	1,502	49
22	Mityana General Hospital	GOV	14,759	87,039	176	54,638	3,618	48
23	Busolwe General Hospital	GOV	11,179	56,792	117	56,388	10,100	47
24	St. John XXIII Hospital Aber	PNFP	11,507	35,292	223	36,387	15,400	45
25	Rukunyu General Hospital	GOV	12,455	39,307	120	56,377	10,225	45
26	Benedictine Eye Hospital	PNFP	2,105	24,397	74	18,339	7,787	44
27	Bundibugyo General Hospital	GOV	8,984	39,950	78	70,157	4,327	43
28	Bwera General Hospital	GOV	15,790	83,243	149	35,292	11,430	42
29	Buwenge General Hospital	GOV	7,974	47,370	74	100,584	7,331	42
30	Mukono General Hospital	GOV	12,666	51,382	75	137,627	1,190	42
31	Kaberamaido General Hospital	GOV	11,398	48,363	110	49,937	9,032	41
32	Apac General Hospital	GOV	11,701	60,471	400	60,734	10,993	41
33	St. Francis Naggalama Hospital	PNFP	3,928	80,788	100	86,299	7,503	41
34	Kyenjojo General Hospital	GOV	9,512	48,712	106	67,062	8,151	41
35	Mitooma General Hospital	GOV	3,592	17,981	42	62,332	2,570	41
36	Mutolere Hospital	PNFP	5,984	9,657	200	20,401	15,272	40
37	Kibuli Hospital	PNFP	6,090	91,189	142	24,964	4,638	40
38	Kisoro General Hospital	GOV	8,090	68,968	142	48,530	10,445	39
39	Kapchorwa General Hospital	GOV	12,572	35,675	130	42,977	10,692	39
40	Pallisa General Hospital	GOV	14,129	60,094	167	57,452	8,797	39
41	Bududa General Hospital	GOV	11,758	31,336	107	56,096	8,860	39
42	St. Catherine's Hospital	PFP	2,761	44,509	60	20,753	2,791	38

No.	Hospital	Owner-ship	No. of admissions	Total OPD	No. of beds/ Month	Total APGs	Total DRGs	Overall Score
43	COU Kisiizi Hospital	PNFP	6,508	45,292	279	40,903	10,894	38
44	Pag Mission Hospital	PNFP	7,425	15,136	208	32,501	10,026	38
45	Kiboga General Hospital	GOV	10,726	100,064	100	74,941	6,116	38
46	KIU Teaching Hospital	PFP	10,792	48,467	362	36,540	12,684	37
47	Rakai General Hospital	GOV	7,416	69,688	86	27,802	6,873	37
48	Kiryandongo General Hospital	GOV	12,004	29,784	130	37,616	8,835	36
49	Bugiri General Hospital	GOV	11,480	86,571	151	38,633	8,690	36
50	Case Medical Centre Hospital	PFP	231	100,706	7	39,355	-	36
51	Dr. Ambrosoli Memorial Hospital Kalongo	PNFP	11,786	36,008	286	40,932	10,367	36
52	Gulu Military General Hospital	GOV	3,551	33,997	74	24,576	3,937	36
53	Mukono COU Hospital	PNFP	3,461	68,484	50	60,340	4,029	35
54	Kitagata General Hospital	GOV	8,309	21,618	145	35,634	5,081	35
55	Doctors Plaza Hospital	PFP	1,999	12,029	56	11,449	3,727	34
56	Ibanda Hospital	PNFP	9,039	23,327	190	22,348	10,588	34
57	Bamu Hospital	PFP	2,066	4,534	122	6,067	1,490	34
58	Kalisizo General Hospital	GOV	8,383	58,602	99	34,638	5,419	34
59	Lyantonde General Hospital	GOV	9,948	60,695	102	33,873	7,338	34
60	Buwenge NGO Hospital	PNFP	3,231	5,794	41	25,625	1,606	33
61	Anaka General Hospital	GOV	9,565	45,021	133	45,882	6,304	33
62	Montana Hospital	PFP	649	5,334	21	4,888	606	33
63	Ishaka Adventist Hospital	PNFP	5,337	17,476	136	50,842	6,957	32
64	Masafu General Hospital	GOV	7,508	83,575	94	49,176	5,875	32
65	Rubongi Military General Hospital	GOV	2,467	18,808	52	20,648	3,011	32
66	Kagando Hospital	PNFP	6,137	13,679	199	29,333	9,416	32
67	Koboko General Hospital	GOV	9,047	36,469	221	54,143	7,108	32
68	Terrewode Community Women Hospital	PNFP	5,728	714	79	47	322	31
69	Kyegegwa General Hospital	GOV	4,772	28,728	59	55,170	4,357	31
70	Kampala Independent Hospital	PFP	298	6,432	11	4,927	245	31
71	Ggwatiro Nursing Home Hospital	PFP	3,114	5,013	74	9,552	1,672	31
72	Kitovu Hospital	PNFP	6,461	25,136	180	27,395	9,728	31
73	Nakaseke General Hospital	GOV	9,502	90,727	194	40,520	6,440	30
74	Moyo General Hospital	GOV	4,702	33,995	213	45,151	7,908	30
75	Gombe General Hospital	GOV	13,021	72,637	117	30,910	6,410	30
76	Masindi General Hospital	GOV	10,174	-	137	28,344	5,666	30
77	Gary Holmes Hospital	PNFP	1,423	33,171	53	25,865	1,868	30
78	Kiwoko Hospital	PNFP	6,071	21,428	169	38,167	7,716	29
79	Kampala Hospital	PFP	3,930	52,938	64	28,609	3,599	29
80	Kagadi General Hospital	GOV	11,638	31,877	195	25,274	4,883	29
81	Vine Hospital	PFP	112	1,243	6	1,264	396	29
82	Kotido General Hospital	GOV	3,953	54,196	33	60,142	1,383	29
83	Kisubi Hospital	PNFP	6,124	76,948	93	48,779	4,888	29
84	Itojo General Hospital	GOV	8,643	48,833	165	28,694	6,958	28
85	Amuria General Hospital	GOV	10,835	63,791	208	40,588	2,459	28

No.	Hospital	Owner-ship	No. of admissions	Total OPD	No. of beds/ Month	Total APGs	Total DRGs	Overall Score
86	Hope Missionary Hospital	PFP	852	5,756	26	5,618	1,295	28
87	Trinity Bajjo International Hospital	PFP	148	750	5	810	792	28
88	Nakasongola Military Hospital	GOV	1,865	21,645	102	15,815	1,662	28
89	Tumu Hospital	PNFP	45	485	2	547	27	28
90	Kuluva Hospital	PNFP	3,914	8,415	210	28,846	6,284	28
91	Muko General Hospital	GOV	2,275	23,064	30	36,336	1,190	28
92	Kambuga General Hospital	GOV	6,076	51,027	132	26,470	5,591	27
93	Anbar Hospital	PFP	387	7,391	22	3,430	480	27
94	Master Cares Bethlehem Community Hospital	PNFP	1,078	4,170	53	3,320	1,122	27
95	Kaabong General Hospital	GOV	6,225	50,998	138	37,185	4,050	27
96	Rhema Hospital	PFP	214	3,506	13	3,492	274	27
97	Great Lakes Hospital	PFP	221	4,983	26	4,366	183	27
98	Ayiko International Hospital	PNFP	303	1,842	40	1,677	344	27
99	Kumi Orthopaedic Centre Hospital	PFP	700	4,137	120	2,583	2,465	26
100	Medicare (Mpigi) Hospital	PFP	160	1,171	30	20,164	87	26
101	Bukedea Teaching Hospital	PNFP	1,439	14,578	69	7,234	1,944	26
102	Novafinia Medical Centre	PFP	1,594	22,559	25	11,817	1,773	26
103	St. Joseph Hospital	PFP	2,804	45,111	43	26,421	1,864	26
104	Lifeline Hospital	PFP	-	5,043	-	3,240	2,706	26
105	St. Charles Lwanga Hospital	PNFP	2,701	26,718	71	20,207	4,610	26
106	Amai Community Hospital	PNFP	4,787	7,846	100	35,504	5,003	26
107	Murchision Bay Main Hospital	GOV	1,201	12,529	85	9,243	1,410	25
108	Doctors Hospital Seguku Hospital	PFP	2,349	100,812	43	34,983	1,708	25
109	Gulu Independent Hospital	PFP	795	4,901	82	6,030	1,206	25
110	Ngora Freda Carr Hospital	PNFP	4,115	10,220	93	33,716	4,606	25
111	Healingway Hospital	PFP	106	1,520	17	1,358	119	25
112	Karoli Lwanga (Nyakibale) Hospital	PNFP	5,954	16,235	165	24,786	6,137	25
113	Holy Family Hospital Nyapea	PNFP	6,109	9,961	139	16,824	6,467	24
114	Kamuli Mission Hospital	PNFP	4,313	28,780	158	34,610	6,052	24
115	Comboni Hospital	PNFP	4,352	17,066	100	28,942	5,795	24
116	St. Paul (Kasese) Hospital	PNFP	4,537	5,302	127	13,241	6,143	24
117	International Hospital Kampala Hospital	PFP	-	107,575	-	26,294	-	24
118	Norvik Hospital	PFP	1,223	78,875	28	26,308	879	24
119	Bwindi Community Hospital	PNFP	4,445	34,292	154	30,996	5,489	24
120	Lifelink (Ntinda) Hospital	PFP	-	38,963	-	24,626	-	24
121	Nile International Hospital	PFP	1,790	24,461	29	16,239	2,153	24
122	Doctors Referral Hospital	PFP	675	3,228	63	6,806	474	23
123	St. Joseph's Kitgum Hospital	PNFP	4,053	20,522	280	25,697	6,782	23
124	St. Josephs Maracha Hospital	PNFP	4,681	11,726	201	20,665	6,593	23
125	Namutumba Community Hospital	PFP	194	680	8	651	231	23
126	Yot Kom Hospital	PNFP	2,233	21,032	56	27,717	2,791	23
127	Kida Hospital	PFP	1,737	3,504	50	9,526	1,503	23

No.	Hospital	Owner-ship	No. of admissions	Total OPD	No. of beds/ Month	Total APGs	Total DRGs	Overall Score
128	Bethesda (Soroti) Hospital	PFP	1,294	14,742	46	16,925	2,010	23
129	Abim General Hospital	GOV	5,743	39,700	121	32,296	4,068	22
130	Ahamadiya Hospital	PNFP	677	4,045	31	7,460	439	22
131	Pioneer Hospital	PFP	296	2,848	13	2,585	537	22
132	TMR International Hospital	PFP	714	40,272	11	18,526	730	22
133	Kasese Hospital	PFP	1,354	3,906	58	6,077	1,560	22
134	Galilee Community Hospital	PFP	102	1,681	25	5,787	203	22
135	Holy Cross Orthodox Mission Namungoona Hospital	PNFP	1,004	11,737	33	13,165	873	22
136	Rushoroza Hospital	PNFP	3,963	12,961	108	21,041	3,727	22
137	Dr Agarwal's Eye Hospital	PFP	-	16,167	-	10,648	-	22
138	Buliisa General Hospital	GOV	3,306	21,616	27	13,973	1,292	22
139	Medsafe Hospital	PFP	-	7,820	-	8,755	-	21
140	Mt. St. Mary's Hospital-DOK	PNFP	3,984	20,770	207	16,212	6,469	21
141	Dabani Hospital	PNFP	4,336	16,907	97	20,682	4,063	21
142	Mayanja Memorial Hospital	PFP	1,194	10,872	46	8,460	1,517	21
143	St. Andrea Kahwa Kooki Community Hospital	PFP	378	3,034	7	3,212	121	21
144	Villa Maria Hospital	PNFP	4,884	29,128	126	22,079	5,044	21
145	URO Care Hospital	PFP	-	11,469	-	4,501	-	21
146	Ark Specialist Hospital	PFP	-	2,527	-	3,749	-	21
147	Medivine Hospital	PFP	-	2,181	-	3,469	-	21
148	ASG Eye Hospital	PFP	-	9,704	-	3,274	-	20
149	Rugarama Hospital	PNFP	4,435	27,982	171	35,194	4,069	20
150	Divine Mercy (Kamukuzi) Hospital	PFP	2,987	30,384	84	16,639	2,286	20
151	EDPA MEDICAL HOSPITAL	PFP	372	12,673	10	9,095	436	20
152	Ntinda Hospital	PFP	-	1,740	-	2,484	-	20
153	Makerere University Hospital	GOV	-	1,619	-	2,356	-	20
154	Mbarara Community Hospital	PFP	109	450	13	97	30	20
155	Bai Heath & Medical International Centre Hospital	PFP	-	2,027	-	1,241	-	20
156	Kabarole COU Hospital	PNFP	2,553	16,719	64	11,580	1,494	20
157	Corsu Rehabilitation Hospital	PNFP	-	29,541	-	1,025	-	20
158	Addy Memorial Hospital	PFP	-	1,162	-	851	-	20
159	Ankole Hospital	PFP	-	791	-	654	-	20
160	Bishop Ascili Hospital	PNFP	4,241	27,195	100	18,245	3,094	20
161	Amudat Hospital	PNFP	3,897	13,880	77	15,511	3,008	20
162	Kihunde Hospital	PFP	1,017	7,010	39	5,248	2,988	20
163	Lwala Hospital	PNFP	3,661	11,253	111	14,203	4,999	20
164	Buluba Hospital	PNFP	2,118	35,068	153	19,613	3,170	20
165	Kanginima (Butebo) Hospital	PNFP	1,920	3,625	41	6,697	1,202	19
166	True Vine Hospital	PFP	951	6,716	20	11,255	1,690	19
167	St. Stephen's Mpererwe Hospital	PNFP	957	8,876	30	13,738	1,293	19
168	Rushere Community Hospital	PNFP	1,591	8,345	74	13,904	1,639	19
169	Lira University Hospital	GOV	1,943	9,651	80	12,390	2,266	19
170	Double Cure Hospital	PNFP	1,772	26,937	110	19,295	2,493	19

No.	Hospital	Owner-ship	No. of admissions	Total OPD	No. of beds/ Month	Total APGs	Total DRGs	Overall Score
171	Life Care Hospital	PFP	2,377	26,248	67	18,178	2,706	18
172	UMC Victoria (Naguru) Hospital	PFP	-	27,150	-	20,545	-	18
173	Old Kampala Hospital	PNFP	440	9,272	48	5,320	1,276	18
174	Nkozi Hospital	PNFP	3,020	37,110	100	24,714	3,325	18
175	Oriajini Hospital	PNFP	1,533	4,444	40	13,766	1,438	18
176	Kilembe Mines Hospital	PNFP	1,872	15,680	204	20,242	2,490	18
177	LifeLink (Kyaliwajala) Hospital	PFP	1,371	78,618	10	31,181	881	18
178	Mukwaya Hospital	PFP	-	36,079	-	15,388	-	18
179	Victory Women's Medical Care	PFP	110	3,313	11	4,069	356	18
180	Peoples Medical Centre Hospital	PFP	-	14,128	-	14,155	-	18
181	Kabasa Memorial Hospital	PNFP	316	353	34	1,344	298	18
182	Spep Karl Hospital	PNFP	276	1,196	23	1,842	319	17
183	Mildmay Uganda Hospital	PNFP	641	22,296	42	20,081	635	17
184	Mbale People's Hospital	PFP	2,189	13,037	38	8,653	1,501	17
185	St. Anthony's Hospital	PNFP	1,671	8,354	71	11,819	1,200	17
186	Mt. Elgon Hospital	PFP	984	11,975	34	5,836	2,022	17
187	Kumi (Ongino) Hospital	PNFP	3,210	14,574	244	15,915	4,545	16
188	Le Memorial Medical Services Hospital	PFP	-	4,446	-	5,523	-	16
189	Kibuli Hospital Kyanja Branch	PNFP	-	2,805	-	1,708	-	16
190	Florence Nightingale Hospital	PFP	813	3,169	48	3,307	538	15
191	Al-Shafa Hospital	PFP	388	8,751	185	5,421	515	15
192	Kitintale Hospital	PFP	-	663	-	1,005	-	15
193	Mother Of Mercy Hospital Kyengera Limited	PNFP	-	3,064	-	474	-	15
194	MK International Hospital	PFP	-	1,500	-	1,277	-	15
195	Women's Hospital International and Fertility Centre	PFP	-	734	-	1,171	-	15
196	Roswell Women and Children Hospital	PFP	-	12,016	-	15,333	-	15
197	Nkokonjeru Hospital	PNFP	1,624	14,209	65	16,661	1,707	14
198	St. Francis Nyenga Hospital	PNFP	1,914	16,669	84	15,119	2,101	13
199	Wynestone Medical centre	PFP	-	6,368	-	6,818	-	12
200	Medi-Pal International Hospital	PFP	163	16,996	4	3,170	128	12
201	Restoration Gateway Hospital	PNFP	256	655	25	1,045	168	12
202	Jaro Hospital	PFP	188	2,194	19	3,040	156	9
	Total		**912,402**	**5,878,607**	**18,208**			

ANNEX 3: GENERAL HOSPITAL PERFORMANCE FOR QUALITY

No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
1	Iganga General Hospital	GOV	19,918	365	18	7,655	71	170	122	48	6	17	16	209	85	3
2	Luwero General Hospital	GOV	19,325	141	7	5,138	36	33	-	13	-	-	2	39	94	2
3	Tororo General Hospital	GOV	15,490	440	28	4,712	81	72	28	39	22	11	10	212	70	4
4	Kamuli General Hospital	GOV	21,508	400	19	3,454	22	132	103	81	16	37	11	318	91	3
5	Lugazi Scoul Hospital	PNFP	4,019	1	0	390	-	2	-	5	-	-	-	-	56	2
6	Kitgum General Hospital	GOV	23,347	553	24	3,715	44	41	34	32	19	14	14	377	92	4
7	Kawolo General Hospital	GOV	16,448	291	18	4,701	48	92	46	40	6	11	6	128	40	1
8	St. Kizito Matany Hospital	PNFP	14,123	367	26	1,820	29	30	30	49	6	20	1	55	93	7
9	Nakasero Hospital	PFP	6,634	96	14	1,251	1	4	1	5	4	4	-	-	73	4
10	Kakira Sugar Works Hospital	PNFP	3,359	1	0	188	-	-	-	-	-	-	-	-	30	2
11	Rukoki General Hospital	GOV	9,970	81	8	4,318	19	39	3	14	-	1	2	46	113	3
12	Holy Innocent's Children's Hospital	PNFP	6,821	115	17	-	-	-	-	-	-		-		75	3
13	Nebbi General Hospital	GOV	12,279	271	22	3,348	21	37	36	28	4	12	6	179	114	6
14	Bombo General Military Hospital	GOV	9,716	406	42	3,831	74	86	3	46	-	1	11	287	58	5
15	Cure Children's Hospital	PNFP	2,036	29	14	-	-	-	-	-	-		-		91	12
16	Angal Hospital	PNFP	12,429	427	34	3,917	40	75	22	35	4	7	3	77	81	6
17	Virika Hospital	PNFP	3,178	67	21	656	3	3	5	17	2	11	1	152	12	2
18	Adjumani General Hospital	GOV	11,436	267	23	3,675	36	41	12	24	3	4	1	27	38	4
19	Atutur General Hospital	GOV	17,785	162	9	2,411	36	42	15	39	-	6	2	83	101	3
20	Ruharo Mission Hospital	PNFP	4,473	18	4	594	3	4	2	15	-	3	-	-	36	4
21	Katakwi General Hospital	GOV	13,849	128	9	2,571	47	34	13	37	1	6	1	39	138	4
22	Mityana General Hospital	GOV	14,759	186	13	6,690	77	81	16	28	-	3	14	209	69	3
23	Busolwe General Hospital	GOV	11,179	168	15	2,882	15	26	-	14	-	-	2	69	52	2

No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
24	St. John XXIII Hospital Aber	PNFP	11,507	464	40	3,321	63	59	98	66	2	30	6	181	70	5
25	Rukunyu General Hospital	GOV	12,455	179	14	3,763	33	8	14	15	-	4	2	53	76	3
26	Benedictine Eye Hospital	PNFP	2,105	-	-	-	-	-	-	-	-		-		20	3
27	Bundibugyo General Hospital	GOV	8,984	18	2	2,509	12	4	-	7	-	-	3	120	107	3
28	Bwera General Hospital	GOV	15,790	334	21	5,506	32	43	40	21	3	8	8	145	106	4
29	Buwenge General Hospital	GOV	7,974	111	14	1,569	37	32	18	58	-	12	4	255	58	2
30	Mukono General Hospital	GOV	12,666	38	3	9,589	70	83	63	23	1	7	11	115	85	2
31	Kaberamaido General Hospital	GOV	11,398	53	5	1,584	14	14	13	26	3	10	1	63	76	3
32	Apac General Hospital	GOV	11,701	57	5	3,297	41	35	27	32	2	9	2	61	22	3
33	St. Francis Naggalama Hospital	PNFP	3,928	15	4	917	3	8	1	13	-	1	4	436	31	3
34	Kyenjojo General Hospital	GOV	9,512	127	13	3,751	43	42	15	27	-	4	2	53	53	2
35	Mitooma General Hospital	GOV	3,592	4	1	2,055	7	1	2	5	-	1	-	-	70	3
36	Mutolere Hospital	PNFP	5,984	151	25	1,265	31	24	38	75	6	35	4	316	46	6
37	Kibuli Hospital	PNFP	6,090	10	2	1,778	-	2	-	1	-	-	-	-	39	3
38	Kisoro General Hospital	GOV	8,090	120	15	3,365	15	28	12	16	-	4	3	89	52	3
39	Kapchorwa General Hospital	GOV	12,572	270	21	3,044	46	38	59	48	-	20	6	197	235	9
40	Pallisa General Hospital	GOV	14,129	188	13	3,865	65	75	62	52	-	16	4	103	86	4
41	Bududa General Hospital	GOV	11,758	153	13	1,436	28	15	37	58	-	27	2	139	51	2
42	St. Catherine's Hospital	PFP	2,761	-	-	261	-	-	-	-	-	-	-	-	1	0
43	COU Kisiizi Hospital	PNFP	6,508	150	23	1,031	6	15	15	35	-	14	-	-	37	6
44	Pag Mission Hospital	PNFP	7,425	125	17	958	10	3	3	17	-	3	-	-	40	4
45	Kiboga General Hospital	GOV	10,726	69	6	3,703	30	36	34	27	1	10	7	189	79	3
46	KIU Teaching Hospital	PFP	10,792	298	28	966	23	32	31	91	-	33	3	311	26	3
47	Rakai General Hospital	GOV	7,416	44	6	2,545	21	24	5	20	-	2	-	-	63	3
48	Kiryandongo General Hospital	GOV	12,004	118	10	2,813	31	40	22	34	-	8	7	249	84	3

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No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
49	Bugiri General Hospital	GOV	11,480	47	4	5,680	53	43	40	24	-	7	7	123	1,320	63
50	Case Medical Centre Hospital	PFP	231	-	-	674	3	8	-	16	1	1	1	148	207	23
51	Dr. Ambrosoli Memorial Hospital Kalongo	PNFP	11,786	214	18	2,611	22	48	50	46	8	22	4	153	66	6
52	Gulu Military General Hospital	GOV	3,551	18	5	322	-	-	-	-	-	-	-	-	40	3
53	Mukono COU Hospital	PNFP	3,461	14	4	1,004	5	8	3	16	-	3	-	-	45	2
54	Kitagata General Hospital	GOV	8,309	145	17	3,028	9	29	3	14	-	1	-	-	29	2
55	Doctors Plaza Hospital	PFP	1,999	50	25	480	-	-	-	-	-	-	-	-	1	0
56	Ibanda Hospital	PNFP	9,039	132	15	2,305	43	42	28	51	-	13	2	87	45	3
57	Bamu Hospital	PFP	2,066	-	-	743	-	-	-	-	-	-	-	-	3	1
58	Kalisizo General Hospital	GOV	8,383	45	5	2,954	27	30	5	21	-	2	1	34	1,631	70
59	Lyantonde General Hospital	GOV	9,948	89	9	2,932	42	37	22	35	4	9	3	102	46	2
60	Buwenge NGO Hospital	PNFP	3,231	7	2	1,017	1	1	-	2	-	-	-	-	63	3
61	Anaka General Hospital	GOV	9,565	52	5	3,558	30	41	23	27	-	6	2	56	55	3
62	Montana Hospital	PFP	649	1	2	137	-	-	-	-	-	-	-	-	11	1
63	Ishaka Adventist Hospital	PNFP	5,337	86	16	1,345	5	6	3	10	-	2	4	297	24	2
64	Masafu General Hospital	GOV	7,508	127	17	2,633	42	28	9	31	-	4	5	190	75	3
65	Rubongi Military General Hospital	GOV	2,467	5	2	152	-	1	-	7	-	-	-	-	26	2
66	Kagando Hospital	PNFP	6,137	303	49	1,269	24	21	65	91	10	62	2	158	16	2
67	Koboko General Hospital	GOV	9,047	223	25	4,046	68	43	49	40	3	13	3	74	33	3
68	Terrewode Community Women Hospital	PNFP	5,728	6	1	-	-	-	-	-	-		-		6	0
69	Kyegegwa General Hospital	GOV	4,772	53	11	3,087	53	46	12	36	-	4	2	65	41	2
70	Kampala Independent Hospital	PFP	298	-	-	73	-	-	-	-	-	-	-	-	11	1
71	Ggwatiro Nursing Home Hospital	PFP	3,114	6	2	593	-	-	-	-	-	-	-	-	42	4
72	Kitovu Hospital	PNFP	6,461	196	30	1,237	23	29	18	57	4	18	5	404	43	4
73	Nakaseke General Hospital	GOV	9,502	60	6	3,067	43	43	1	29	10	4	3	98	35	3

No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
74	Moyo General Hospital	GOV	4,702	108	23	1,581	12	10	13	22	-	8	2	127	16	3
75	Gombe General Hospital	GOV	13,021	86	7	6,102	106	89	61	43	-	10	8	131	873	29
76	Masindi General Hospital	GOV	10,174	201	20	4,638	52	45	26	26	3	6	2	43	40	2
77	Gary Holmes Hospital	PNFP	1,423	-	-	515	-	4	-	8	-	-	-	-	21	3
78	Kiwoko Hospital	PNFP	6,071	250	41	1,697	24	31	25	48	-	15	3	177	58	6
79	Kampala Hospital	PFP	3,930	64	16	1,408	2	8	2	8	-	1	-	-	51	3
80	Kagadi General Hospital	GOV	11,638	45	4	1,622	33	18	5	36	-	3	1	62	416	25
81	Vine Hospital	PFP	112	-	-	3	-	-	-	-	-	-	-	-	9	2
82	Kotido General Hospital	GOV	3,953	15	4	1,055	26	18	22	66	1	23	1	95	109	3
83	Kisubi Hospital	PNFP	6,124	59	10	1,384	4	19	5	20	2	5	2	145	48	3
84	Itojo General Hospital	GOV	8,643	156	18	2,510	27	32	15	30	-	6	3	120	39	3
85	Amuria General Hospital	GOV	10,835	4	-	2,086	33	28	8	32	-	4	1	48	42	3
86	Hope Missionary Hospital	PFP	852	2	2	92	-	-	-	-	-	-	-	-	36	4
87	Trinity Bajjo International Hospital	PFP	148	-	-	-	-	-	-	-	-		-		36	4
88	Nakasongola Military Hospital	GOV	1,865	6	3	175	-	-	-	-	-	-	-	-	27	5
89	Tumu Hospital	PNFP	45	-	-	-	-	-	-	-	-		-		12	2
90	Kuluva Hospital	PNFP	3,914	113	29	1,238	19	3	8	25	1	7	-	-	36	7
91	Muko General Hospital	GOV	2,275	5	2	1,438	6	6	8	14	-	6	-	-	40	2
92	Kambuga General Hospital	GOV	6,076	52	9	1,890	17	16	12	24	-	6	3	159	738	59
93	Anbar Hospital	PFP	387	-	-	42	-	-	-	-	-	-	-	-	13	3
94	Master Cares Bethlehem Community Hospital	PNFP	1,078	2	2	152	-	-	-	-	-	-	-	-	19	3
95	Kaabong General Hospital	GOV	6,225	127	20	974	30	10	38	80	2	41	-	-	57	5
96	Rhema Hospital	PFP	214	-	-	19	-	-	-	-	-	-	-	-	12	3
97	Great Lakes Hospital	PFP	221	-	-	68	-	-	-	-	-	-	-	-	6	2

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No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
98	Ayiko International Hospital	PNFP	303	4	13	31	-	-	-	-	-	-	-	-	1	0
99	Kumi Orthopaedic Centre Hospital	PFP	700	5	7	-	-	-	-	-	-		-		4	3
100	Medicare (Mpigi) Hospital	PFP	160	4	25	29	-	-	-	-	-	-	-	-	2	2
101	Bukedea Teaching Hospital	PNFP	1,439	-	-	463	1	2	-	6	-	-	-	-	20	3
102	Novafinia Medical Centre	PFP	1,594	14	9	40	1	1	-	51	-	-	-	-	35	2
103	St. Joseph Hospital	PFP	2,804	3	1	884	2	24	6	36	-	7	1	113	42	2
104	Lifeline Hospital	PFP	-	-	-	28	-	-	-	-	-	-	-	-	-	
105	St. Charles Lwanga Hospital	PNFP	2,701	33	12	574	13	6	9	49	-	16	-	-	24	2
106	Amai Community Hospital	PNFP	4,787	93	19	1,066	18	3	4	23	-	4	2	188	32	2
107	Murchision Bay Main Hospital	GOV	1,201	58	48	-	-	-	-	-	-		-		9	2
108	Doctors Hospital Seguku Hospital	PFP	2,349	-	-	650	1	1	-	3	-	-	-	-	0	0
109	Gulu Independent Hospital	PFP	795	8	10	76	-	-	-	-	-	-	-	-	6	2
110	Ngora Freda Carr Hospital	PNFP	4,115	81	20	538	16	8	1	48	-	2	3	558	28	2
111	Healingway Hospital	PFP	106	-	-	60	-	-	-	-	-	-	-	-	6	4
112	Karoli Lwanga (Nyakibale) Hospital	PNFP	5,954	134	23	1,218	5	34	41	66	6	39	1	82	37	4
113	Holy Family Hospital Nyapea	PNFP	6,109	155	25	2,323	40	26	13	35	-	6	5	215	36	3
114	Kamuli Mission Hospital	PNFP	4,313	111	26	1,002	27	10	32	70	25	58	4	399	18	2
115	Comboni Hospital	PNFP	4,352	72	17	1,103	14	10	21	41	-	19	4	363	32	3
116	St. Paul (Kasese) Hospital	PNFP	4,537	154	34	1,204	25	24	2	44	-	2	4	332	31	3
117	International Hospital Kampala Hospital	PFP	-	-	-	1,026	-	-	-	-	-	-	-	-	-	
118	Norvik Hospital	PFP	1,223	11	9	168	-	-	1	6	8	53	-	-	15	1
119	Bwindi Community Hospital	PNFP	4,445	68	15	1,134	6	8	20	29	-	17	1	88	32	4
120	Lifelink (Ntinda) Hospital	PFP	-	-	-	-	-	-	-	-	-		-		-	
121	Nile International Hospital	PFP	1,790	12	7	245	-	1	1	8	-	4	-	-	40	2

No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
122	Doctors Referral Hospital	PFP	675	-	-	640	1	2	-	5	-	-	-	-	8	3
123	St. Joseph's Kitgum Hospital	PNFP	4,053	49	12	567	11	12	6	52	-	11	2	353	13	3
124	St. Josephs Maracha Hospital	PNFP	4,681	108	23	1,042	27	12	56	95	8	64	2	192	45	7
125	Namutumba Community Hospital	PFP	194	-	-	28	1	1	-	77	-	-	-	-	14	2
126	Yot Kom Hospital	PNFP	2,233	83	37	332	2	7	1	30	1	6	-	-	41	4
127	Kida Hospital	PFP	1,737	23	13	345	2	3	-	14	-	-	-	-	22	2
128	Bethesda (Soroti) Hospital	PFP	1,294	13	10	182	1	-	3	22	-	17	-	-	1	0
129	Abim General Hospital	GOV	5,743	93	16	874	10	11	6	31	2	9	2	229	49	4
130	Ahamadiya Hospital	PNFP	677	1	1	102	-	3	3	66	-	33	-	-	1	0
131	Pioneer Hospital	PFP	296	9	30	-	-	-	-	-	-		-		27	4
132	TMR International Hospital	PFP	714	3	4	215	1	-	1	9	-	5	-	-	57	3
133	Kasese Hospital	PFP	1,354	24	18	345	3	-	-	7	-	-	-	-	15	2
134	Galilee Community Hospital	PFP	102	3	29	64	1	1	-	32	-	-	-	-	1	1
135	Holy Cross Orthodox Mission Namungoona Hospital	PNFP	1,004	15	15	299	5	3	-	29	-	-	-	-	19	2
136	Rushoroza Hospital	PNFP	3,963	52	13	989	5	10	2	17	-	2	1	101	40	4
137	Dr Agarwal's Eye Hospital	PFP	-	-	-	-	-	-	-	-	-		-		-	
138	Buliisa General Hospital	GOV	3,306	9	3	956	21	23	8	57	-	9	2	209	56	2
139	Medsafe Hospital	PFP	-	-	-	119	-	-	-	-	-	-	-	-	-	
140	Mt. St. Mary's Hospital-DOK	PNFP	3,984	146	37	975	12	15	12	42	1	14	6	615	16	3
141	Dabani Hospital	PNFP	4,336	85	20	991	27	23	5	58	1	6	3	303	23	2
142	Mayanja Memorial Hospital	PFP	1,194	8	7	262	4	2	2	33	-	8	-	-	1	0
143	St. Andrea Kahwa Kooki Community Hospital	PFP	378	2	5	47	1	2	-	65	-	-	-	-	37	3
144	Villa Maria Hospital	PNFP	4,884	128	26	1,000	36	18	24	81	3	28	6	600	36	3

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No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
145	URO Care Hospital	PFP	-	-	-	-	-	-	-	-	-		-		-	
146	Ark Specialist Hospital	PFP	-	-	-	33	-	-	-	-	-	-	-	-	-	
147	Medivine Hospital	PFP	-	-	-	149	-	-	-	-	-	-	-	-	-	
148	ASG Eye Hospital	PFP	-	-	-	-	-	-	-	-	-		-		-	
149	Rugarama Hospital	PNFP	4,435	122	28	451	2	5	18	55	-	40	1	222	19	3
150	Divine Mercy (Kamukuzi) Hospital	PFP	2,987	21	7	827	6	12	-	22	1	1	1	121	22	2
151	EDPA MEDICAL HOSPITAL	PFP	372	5	13	65	-	-	-	-	-	-	1	1,538	25	2
152	Ntinda Hospital	PFP	-	-	-	40	-	-	-	-	-	-	-	-	-	
153	Makerere University Hospital	GOV	-	-	-	-	-	-	-	-	-		-		-	
154	Mbarara Community Hospital	PFP	109	54	495	-	-	-	-	-	-		-		6	3
155	Bai Heath & Medical International Centre Hospital	PFP	-	-	-	-	-	-	-	-	-		-		-	
156	Kabarole COU Hospital	PNFP	2,553	35	14	379	1	9	1	30	-	3	-	-	22	2
157	Corsu Rehabilitation Hospital	PNFP	-	-	-	-	-	-	-	-	-		-		-	
158	Addy Memorial Hospital	PFP	-	-	-	3	-	-	-	-	-	-	-	-	-	
159	Ankole Hospital	PFP	-	-	-	5	-	-	-	-	-	-	-	-	-	
160	Bishop Ascili Hospital	PNFP	4,241	70	17	1,507	25	25	7	38	-	5	1	66	29	2
161	Amudat Hospital	PNFP	3,897	39	10	680	19	4	14	49	2	21	4	588	87	6
162	Kihunde Hospital	PFP	1,017	6	6	59	1	2	1	61	-	15	-	-	18	3
163	Lwala Hospital	PNFP	3,661	61	17	782	16	18	9	56	3	16	2	256	40	4
164	Buluba Hospital	PNFP	2,118	59	28	556	11	13	12	69	-	23	-	-	11	3
165	Kanginima (Butebo) Hospital	PNFP	1,920	6	3	199	1	2	2	25	-	10	-	-	36	3
166	True Vine Hospital	PFP	951	15	16	208	7	8	2	88	-	10	-	-	30	2
167	St. Stephen's Mpererwe Hospital	PNFP	957	9	9	312	3	4	2	26	-	6	-	-	17	2

No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
168	Rushere Community Hospital	PNFP	1,591	27	17	350	11	6	4	62	-	12	-	-	11	2
169	Lira University Hospital	GOV	1,943	46	24	283	2	4	1	25	-	4	-	-	21	3
170	Double Cure Hospital	PNFP	1,772	12	7	303	6	9	1	55	-	3	1	330	7	2
171	Life Care Hospital	PFP	2,377	14	6	651	3	4	4	17	-	6	1	154	25	3
172	UMC Victoria (Naguru) Hospital	PFP	-	-	-	191	-	-	-	-	-	-	1	524	-	
173	Old Kampala Hospital	PNFP	440	5	11	51	-	2	-	40	-	-	-	-	10	4
174	Nkozi Hospital	PNFP	3,020	35	12	751	12	17	8	51	2	14	2	266	33	4
175	Oriajini Hospital	PNFP	1,533	30	20	474	7	5	5	36	6	24	-	-	33	3
176	Kilembe Mines Hospital	PNFP	1,872	32	17	433	6	5	3	37	-	8	-	-	12	5
177	LifeLink (Kyaliwajala) Hospital	PFP	1,371	-	-	428	1	2	2	12	-	5	-	-	-	-
178	Mukwaya Hospital	PFP	-	-	-	448	1	5	-	17	-	-	-	-	-	
179	Victory Women's Medical Care	PFP	110	-	-	140	3	2	-	36	-	-	1	714	6	2
180	Peoples Medical Centre Hospital	PFP	-	-	-	172	-	2	-	11	-	-	-	-	-	
181	Kabasa Memorial Hospital	PNFP	316	1	3	30	2	-	-	67	-	-	-	-	9	4
182	Spep Karl Hospital	PNFP	276	3	11	30	1	2	-	103	-	-	-	-	8	3
183	Mildmay Uganda Hospital	PNFP	641	7	11	292	-	3	1	14	-	3	-	-	11	3
184	Mbale People's Hospital	PFP	2,189	7	3	319	3	6	2	35	-	6	1	313	66	4
185	St. Anthony's Hospital	PNFP	1,671	29	17	336	7	1	5	39	-	15	-	-	14	2
186	Mt. Elgon Hospital	PFP	984	22	22	64	-	1	1	36	-	18	-	-	27	3
187	Kumi (Ongino) Hospital	PNFP	3,210	50	16	439	11	2	8	48	-	18	3	683	28	8
188	Le Memorial Medical Services Hospital	PFP	-	-	-	53	-	2	-	39	-	-	-	-	-	
189	Kibuli Hospital Kyanja Branch	PNFP	-	-	-	84	-	1	-	12	-	-	-	-	-	
190	Florence Nightingale Hospital	PFP	813	15	18	92	-	4	3	88	1	50	-	-	8	2
191	Al-Shafa Hospital	PFP	388	2	5	57	1	-	1	35	-	18	-	-	1	2

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No.	Hospital	Ownership	No. of Admissions	No. of Deaths	Inpatient Case Fatality Rate/1000	Total deliveries in the unit	Fresh Still birth Total	Macerated still birth Total	Newborn deaths (0-7 days)	Perinatal death /1000	Neonatal Death 8-28 days	Neonatal Mortality Rate/1000	Maternal Deaths	MMR /100,000	Bed Occupancy Rate	ALOS= Patient Days/ Admissions
192	Kitintale Hospital	PFP	-	-	-	26	-	1	-	36	-	-	-	-	-	
193	Mother Of Mercy Hospital Kyengera Limited	PNFP	-	-	-	40	-	1	-	25	-	-	-	-	-	
194	MK International Hospital	PFP	-	-	-	3	1	-	-	500	-	-	-	-	-	
195	Women's Hospital International and Fertility Centre	PFP	-	-	-	81	19	7	-	302	-	-	-	-	-	
196	Roswell Women and Children Hospital	PFP	-	-	-	790	1	2	2	6	-	3	-	-	-	
197	Nkokonjeru Hospital	PNFP	1,624	28	17	529	4	12	5	40	-	10	1	189	18	3
198	St. Francis Nyenga Hospital	PNFP	1,914	63	33	483	6	6	14	54	-	29	1	207	22	4
199	Wynestone Medical centre	PFP	-	-	-	185	1	5	1	39	-	6	-	-	-	
200	Medi-Pal International Hospital	PFP	163	2	12	197	1	2	-	13	-	-	-	-	-	-
201	Restoration Gateway Hospital	PNFP	256	2	8	69	2	1	2	74	-	29	-	-	8	3
202	Jaro Hospital	PFP	188	1	5	79	-	1	-	13	1	13	1	1,266	6	2
	Total		**912,402**	**14,059**	**15**	**247,888**	**2,792**	**3,077**	**2,100**	**33**	**231**	**10**	**324**	**131**	**78**	**6**

ANNEX 4: HC IV PERFORMANCE AGAINST APGS AND DRGS

No.	Health Centre IV	Kisenyi Health Centre IV	Bujubuli Health Centre IV	Aboke Health Centre IV	Panyadoli Health Centre IV	Budaka Health Centre IV	Kyangwali Health Centre IV	Rwamwanja Health Centre IV	Wakiso Health Centre IV
	Overall Score	74	68	65	64	61	60	60	60
	Total DRG	6,499	9,431	8,757	10,232	7,220	7,154	7,567	4,444
	Total APG	125,648	13,048	9,147	18,671	20,820	11,218	15,845	90,682
	ALOS= Patient Days/ Admissions	2	1	3	2	2	3	3	2
	Bed Occupancy Rate = (Patient Days /365)/ Beds *100	26	21	170	54	124	68	61	188
	No. of beds/ Month	236	246	36	202	76	116	162	32
	Patient days	22,746	18,903	22,352	39,453	34,526	28,720	35,845	21,939
	Blood Transfusions	248	1,426	393	610	353	3,398	978	127
	C/S	3,241	1,401	762	655	658	1,388	1,116	1,442
	MMR /100,000	20	20	39	64	52	-	-	-
	Maternal deaths	2	1	1	2	2	-	-	-
	Neonatal mortality rate	3	2	1	13	1	1	2	4
	Perinatal death /1000	9	5	7	32	14	8	6	21
	Total deliveries in the unit	9,886	5,030	2,573	3,126	3,813	3,594	4,233	4,721
	Inpatient Case Fatality Rate /1000	1	3	5	10	3	3	4	2
	No. of deaths	11	35	33	176	45	35	54	16
	Total OPD	40,964	60,850	26,727	116,724	48,957	32,775	49,045	46,013
	No. of admissions	9,937	13,442	7,278	17,888	15,710	10,613	12,873	8,861
	Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV

Annual Health Sub-Programme Performance Report 195

Overall Score	59	58	57	57	57	56	55	55	55
Total DRG	7,221	7,032	6,736	7,560	6,905	7,694	6,224	6,040	5,199
Total APG	16,933	11,213	22,181	30,941	13,600	6,132	13,470	3,483	14,259
ALOS= Patient Days/ Admissions	2	3	3	3	3	2	3	2	4
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	108	99	98	95	138	111	154	196	239
No. of beds/ Month	69	66	87	66	42	55	40	33	45
Patient days	27,233	23,943	31,074	22,867	21,097	22,361	22,415	23,639	39,240
Blood Transfusions	-	370	443	359	169	669	643	620	7
C/S	230	1,156	802	568	375	558	317	541	107
MMR /100,000	-	26	82	55	60	81	-	92	61
Maternal deaths	-	1	2	1	1	2	-	2	1
Neonatal mortality rate	2	0	1	12	1	4	1	1	-
Perinatal death /1000	8	11	7	34	16	14	20	17	3
Total deliveries in the unit	2,113	3,833	2,437	1,830	1,667	2,464	1,384	2,163	1,646
Inpatient Case Fatality Rate /1000	1	8	6	10	3	2	6	1	0
No. of deaths	15	67	67	92	23	24	45	14	1
Total OPD	60,712	23,411	30,682	30,089	27,886	29,879	37,071	80,079	43,739
No. of admissions	11,728	7,972	11,177	8,809	8,035	10,450	7,747	12,250	10,792
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Kumi Health Centre IV	Budadiri Health Centre IV	Serere Health Centre IV	Bukedea Health Centre IV	Butebo Health Centre IV	Busiu Health Centre IV	Bumanya Health Centre IV	Kibuku Health Centre IV	Mukuju Health Centre IV
No.	9	10	11	12	13	14	15	16	17

Annual Health Sub-Programme Performance Report 196

Overall Score	55	54	54	54	53	53	51	51	50
Total DRG	7,627	7,035	6,556	5,146	7,743	4,050	5,460	4,733	4,929
Total APG	5,307	16,069	17,769	7,053	7,877	15,942	5,813	7,318	50,689
ALOS= Patient Days/ Admissions	3	2	2	0	3	2	1	2	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	49	100	53	1	104	114	7	78	98
No. of beds/ Month	119	53	83	37	41	31	100	51	36
Patient days	21,233	19,352	16,206	144	15,629	12,901	2,382	14,573	12,813
Blood Transfusions	1,183	432	294	391	374	208	183	23	80
C/S	732	340	349	679	119	400	331	338	538
MMR /100,000	-	94	-	-	153	-	-	-	-
Maternal deaths	-	2	-	-	1	-	-	-	-
Neonatal mortality rate	3	4	8	0	6	-	2	1	3
Perinatal death /1000	17	17	18	13	32	11	6	6	28
Total deliveries in the unit	1,240	2,127	1,367	2,412	655	1,483	577	3,328	1,303
Inpatient Case Fatality Rate /1000	14	3	3	1	20	1	3	4	2
No. of deaths	95	32	31	7	107	6	6	39	8
Total OPD	11,358	52,198	28,774	28,115	26,763	42,785	20,444	50,667	26,926
No. of admissions	6,921	9,395	8,978	6,683	5,369	6,767	2,318	8,672	4,475
Ownership	PNFP	GOV	GOV	GOV	GOV	GOV	PFP	GOV	GOV
Health Centre IV	Busaru Health Centre IV	Kidera Health Centre IV	Kapelebyong Health Centre IV	Bugobero Health Centre IV	Tokora Health Centre IV	Kiyunga Health Centre IV	Sebbi Medical Health Centre IV	Busia Health Centre IV	Tiriri Health Centre IV
No.	18	19	20	21	22	23	24	25	26

Annual Health Sub-Programme Performance Report 197

Overall Score	50	50	50	50	49	48	48	47	47	47
Total DRG	5,631	4,944	7,187	5,340	4,328	4,767	3,549	4,321	2,841	3,639
Total APG	11,561	3,302	8,848	17,705	29,729	34,898	6,400	9,670	32,282	16,653
ALOS= Patient Days/ Admissions	3	2	8	2	2	2	2	3	2	0
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	145	111	191	59	96	58	110	136	58	11
No. of beds/ Month	58	38	77	54	34	68	22	40	46	58
Patient days	30,697	15,403	53,548	11,604	11,854	14,398	8,864	19,900	9,748	2,247
Blood Transfusions	1,150	413	636	148	142	109	211	135	209	514
C/S	606	436	299	143	621	178	171	68	1,081	578
MMR /100,000	-	168	159	83	-	-	-	-	30	-
Maternal deaths	-	2	3	1	-	-	-	-	1	-
Neonatal mortality rate	8	1	5	3	5	14	1	6	1	2
Perinatal death /1000	33	8	20	11	26	29	15	12	9	14
Total deliveries in the unit	3,404	1,189	1,887	1,199	2,319	760	1,089	1,233	3,280	2,385
Inpatient Case Fatality Rate /1000	3	1	16	1	2	4	1	1	1	1
No. of deaths	33	10	104	6	13	29	5	8	6	4
Total OPD	47,135	27,086	42,080	33,119	16,070	19,076	32,355	28,161	69,089	28,456
No. of admissions	10,898	6,806	6,578	6,389	5,809	7,249	3,905	6,732	5,827	6,821
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Mayuge Health Centre IV	Apapai Health Centre IV	Dokolo Health Centre IV	Nankandulo Health Centre IV	Kiganda Health Centre IV	Obongi Health Centre IV	Walukuba Health Centre IV	Awach Health Centre IV	Mpigi Health Centre IV	Ngora Health Centre IV
No.	27	28	29	30	31	32	33	34	35	36

Overall Score	47	47	47	46	46	46	46	46	45
Total DRG	4,585	3,906	4,430	4,568	4,403	3,778	5,448	3,798	2,941
Total APG	17,159	12,876	22,176	2,068	14,868	7,159	9,078	12,214	12,108
ALOS= Patient Days/ Admissions	1	1	2	1	3	2	3	3	1
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	110	101	167	112	87	81	101	126	91
No. of beds/ Month	7	20	32	28	46	35	52	34	24
Patient days	2,820	7,356	19,452	11,425	14,569	10,345	19,246	15,696	7,952
Blood Transfusions	-	342	141	134	367	31	565	136	-
C/S	1,870	288	241	-	517	151	556	246	249
MMR /100,000	-	-	-	61	-	59	57	-	-
Maternal deaths	-	-	-	1	-	1	1	-	-
Neonatal mortality rate	2	4	4	-	3	1	3	2	-
Perinatal death /1000	7	23	17	5	39	7	20	11	5
Total deliveries in the unit	8,733	1,442	1,196	1,635	1,869	1,702	1,756	1,418	1,790
Inpatient Case Fatality Rate /1000	4	2	1	1	3	1	9	2	1
No. of deaths	12	15	10	10	15	5	59	13	5
Total OPD	36,129	33,079	33,574	35,820	24,454	28,590	24,378	24,009	30,360
No. of admissions	2,749	6,019	9,597	8,526	5,379	5,037	6,425	5,914	5,816
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Kawaala Health Centre IV	Kityerera Health Centre IV	Semuto Health Centre IV	Nabiganda Health Centre IV	Nsinze Health Centre IV	Mulanda Health Centre IV	Nakasongola Heath Centre IV	Bufumbo Health Centre IV	Buwambo Health Centre IV
No.	37	38	39	40	41	42	43	44	45

Annual Health Sub-Programme Performance Report 199

Overall Score	45	45	45	45	45	45	45	45	45
Total DRG	2,317	4,230	6,253	3,384	4,678	2,292	4,367	3,784	2,953
Total APG	40,943	4,970	2,440	18,407	13,930	13,943	9,840	16,505	5,273
ALOS= Patient Days/ Admissions	2	3	3	1	3	2	2	2	2
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	46	91	111	29	102	94	78	95	89
No. of beds/ Month	38	64	45	36	61	38	41	32	19
Patient days	6,327	21,158	18,257	3,811	22,816	13,057	11,636	11,090	6,179
Blood Transfusions	81	644	365	–	717	214	82	488	10
C/S	354	216	129	704	133	76	617	353	236
MMR /100,000	–	–	264	–	–	–	34	–	41
Maternal deaths	–	–	2	–	–	–	1	–	1
Neonatal mortality rate	2	2	8	2	10	–	2	4	0
Perinatal death /1000	11	7	32	19	30	10	8	24	5
Total deliveries in the unit	1,330	2,184	757	2,066	1,484	1,236	2,984	2,088	2,418
Inpatient Case Fatality Rate /1000	0	2	28	1	12	0	5	3	1
No. of deaths	1	15	186	7	80	2	34	14	3
Total OPD	14,784	20,401	34,124	20,146	30,493	32,642	32,941	23,160	21,345
No. of admissions	3,168	6,260	6,658	5,141	6,538	5,654	7,469	5,559	3,188
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Bukuku Health Centre IV	Nyahuka Health Centre IV	Nabilatuk Health Centre IV	Ssembabule Health Centre IV	Lalogi Health Centre IV	Buyende Bugaya Health Centre IV	Yumbe Health Centre IV	Busesa Health Centre IV	Namatala Health Centre IV
No.	46	47	48	49	50	51	52	53	54

Annual Health Sub-Programme Performance Report 200

Overall Score	44	44	44	43	43	43	43	42	42
Total DRG	3,886	3,686	2,848	4,448	2,622	4,498	1,480	3,449	1,768
Total APG	5,504	14,557	3,699	10,749	4,144	11,330	48,108	11,888	3,196
ALOS= Patient Days/ Admissions	2	2	0	2	2	0	1	2	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	74	44	2	87	45	11	72	43	55
No. of beds/ Month	54	57	31	51	23	36	18	63	30
Patient days	14,532	9,074	204	16,229	3,789	1,442	4,741	9,824	6,021
Blood Transfusions	607	-	161	267	135	280	-	215	106
C/S	551	273	293	628	829	169	508	494	342
MMR /100,000	-	-	-	41	-	44	-	-	-
Maternal deaths	-	-	-	1	-	1	-	-	-
Neonatal mortality rate	1	-	-	4	-	2	0	1	1
Perinatal death /1000	15	7	11	26	10	19	9	22	2
Total deliveries in the unit	2,694	1,971	543	2,468	1,832	2,262	2,233	1,595	1,044
Inpatient Case Fatality Rate /1000	8	0	-	2	-	6	-	6	0
No. of deaths	48	2	-	18	-	38	-	28	1
Total OPD	22,178	31,192	20,796	29,006	17,164	24,023	40,065	17,281	30,028
No. of admissions	6,362	4,924	1,518	7,385	2,498	6,432	3,931	4,727	2,224
Ownership	GOV	GOV	PFP	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Kakindo Health Centre IV	Bugembe Health Centre IV	Henrob Family Clinic	Nankoma Health Centre IV	Bukulula Health Centre IV	Nagongera Health Centre IV	Kajjansi Health Centre IV	Kakuuto Health Centre IV	Lwengo Health Centre IV
No.	55	56	57	58	59	60	61	62	63

Annual Health Sub-Programme Performance Report 201

Overall Score	42	42	42	42	42	41	41	41	41
Total DRG	2,848	3,215	1,748	4,457	2,339	3,424	1,659	2,337	3,616
Total APG	8,100	2,680	3,427	5,948	6,083	2,179	6,612	6,698	36,596
ALOS= Patient Days/ Admissions	2	1	3	3	0	2	1	1	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	20	124	147	78	1	81	18	65	83
No. of beds/ Month	50	12	17	33	19	34	29	30	58
Patient days	3,579	5,415	9,116	9,347	64	10,044	1,866	7,100	17,608
Blood Transfusions	206	-	109	162	4	61	95	215	153
C/S	198	-	373	189	296	510	420	46	790
MMR /100,000	-	-	-	-	-	-	-	-	65
Maternal deaths	-	-	-	-	-	-	-	-	2
Neonatal mortality rate	-	-	-	8	1	2	-	1	5
Perinatal death /1000	14	2	4	37	2	12	-	4	12
Total deliveries in the unit	573	956	2,137	1,040	1,060	1,709	2,283	1,356	3,070
Inpatient Case Fatality Rate /1000	-	0	-	11	5	4	2	4	9
No. of deaths	-	2	-	35	10	22	8	24	54
Total OPD	40,047	46,997	19,877	34,041	13,165	24,289	16,286	31,765	21,506
No. of admissions	1,512	4,192	3,602	3,243	2,103	4,974	3,527	5,426	5,827
Ownership	PFP	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Herona Medical Centre	Kira Health Centre IV	Bubulo Health Centre IV	Bbaale Health Centre IV	Kinoni Health Centre IV	Kalagala Health Centre IV	Kyabugimbi Health Centre IV	Kigorobya Health Centre IV	Kibiito Health Centre IV
No.	64	65	66	67	68	69	70	71	72

Overall Score	41	41	41	40	40	40	40	40	39
Total DRG	3,043	3,714	4,026	2,782	1,679	3,641	1,619	3,036	2,638
Total APG	5,843	5,911	9,298	9,318	3,938	3,142	28,404	8,175	7,740
ALOS= Patient Days/ Admissions	2	3	2	3	2	2	2	3	1
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	67	72	71	64	46	78	55	87	51
No. of beds/ Month	42	42	50	31	23	33	44	51	26
Patient days	10,286	10,997	13,034	7,222	3,873	9,352	8,864	16,268	4,838
Blood Transfusions	301	114	177	-	126	-	65	279	236
C/S	306	212	120	239	260	815	199	751	744
MMR /100,000	157	-	73	-	-	-	-	-	-
Maternal deaths	2	-	1	-	-	-	-	-	-
Neonatal mortality rate	1	2	3	-	-	2	1	3	2
Perinatal death /1000	15	12	10	5	2	19	4	14	17
Total deliveries in the unit	1,277	1,549	1,366	876	985	2,529	1,711	2,172	1,900
Inpatient Case Fatality Rate /1000	1	-	3	-	2	2	4	3	2
No. of deaths	5	-	16	-	5	11	16	19	6
Total OPD	24,944	14,277	24,037	19,886	18,681	16,119	16,772	22,540	26,726
No. of admissions	4,846	4,252	6,172	2,696	2,432	6,051	3,696	6,426	3,390
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Namwendwa Health Centre IV	Kabuyanda Health Centre IV	Amolatar Health Centre IV	Chahafi Health Centre IV	Buwasa Health Centre IV	Namayumba Health Centre IV	Ntara Health Centre IV	Rugazi Health Centre IV	Kyazanga Health Centre IV
No.	73	74	75	76	77	78	79	80	81

Annual Health Sub-Programme Performance Report 203

Overall Score	39	39	39	39	39	39	38	38	38
Total DRG	3,747	1,709	2,470	2,041	3,469	1,476	4,893	2,145	3,535
Total APG	19,990	10,254	11,702	9,443	8,641	8,915	8,580	28,122	40,401
ALOS= Patient Days/ Admissions	2	2	2	3	2	1	2	2	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	58	44	53	87	90	17	66	52	59
No. of beds/ Month	53	37	33	28	41	42	57	50	54
Patient days	11,153	5,930	6,355	8,868	13,516	2,530	13,677	9,432	11,571
Blood Transfusions	144	95	187	43	-	7	-	206	261
C/S	635	228	353	445	1,697	38	612	554	518
MMR /100,000	56	-	-	92	-	-	42	42	149
Maternal deaths	1	-	-	1	-	-	1	1	3
Neonatal mortality rate	3	1	8	-	1	-	3	-	7
Perinatal death /1000	12	5	21	5	10	-	18	12	31
Total deliveries in the unit	1,775	1,474	1,286	1,088	4,362	346	2,378	2,375	2,010
Inpatient Case Fatality Rate /1000	6	1	1	1	3	4	6	3	9
No. of deaths	28	3	4	3	20	7	39	12	33
Total OPD	19,435	17,168	27,707	21,488	38,611	15,787	16,759	17,669	23,277
No. of admissions	4,653	2,932	3,859	2,956	6,014	1,800	6,183	4,153	3,607
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Karugutu Health Centre IV	Rubare Health Centre IV	Bugono Health Centre IV	Nyimbwa Health Centre IV	Kasangati Health Centre IV	UPDF 2nd Div. Health Centre IV	Butenga Health Centre IV	Ntwetwe Health Centre IV	Omugo Health Centre IV
No.	82	83	84	85	86	87	88	89	90

Annual Health Sub-Programme Performance Report 204

Overall Score	38	38	38	38	38	38	38	38	38	37
Total DRG	1,645	3,615	2,727	1,249	3,683	3,346	1,785	2,034	1,727	505
Total APG	53,238	26,017	8,930	14,932	7,830	8,870	1,276	1,832	3,553	937
ALOS= Patient Days/ Admissions	2	3	2	2	1	3	-	2	3	0
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	47	64	48	46	47	67	-	76	58	3
No. of beds/ Month	44	61	49	31	32	60	5	24	36	6
Patient days	7,594	14,226	8,648	5,178	5,512	14,709	-	6,633	7,669	57
Blood Transfusions	206	598	458	53	400	328	3	-	60	11
C/S	325	447	164	171	535	1,025	34	76	251	3
MMR /100,000	44	48	-	-	58	44	-	-	-	-
Maternal deaths	1	1	-	-	1	1	-	-	-	-
Neonatal mortality rate	0	10	2	2	5	1	-	-	-	-
Perinatal death /1000	10	20	15	3	28	31	-	-	3	-
Total deliveries in the unit	2,292	2,084	1,314	1,139	1,717	2,290	60	568	1,129	17
Inpatient Case Fatality Rate /1000	-	10	4	-	11	8	-	2	3	-
No. of deaths	-	53	20	-	63	40	-	5	9	-
Total OPD	25,380	21,161	32,770	19,644	19,223	16,241	12,915	11,534	9,198	3,026
No. of admissions	3,409	5,532	5,652	2,589	5,981	4,903	102	2,688	2,923	621
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	PFP	PNFP	PNFP	PNFP
Health Centre IV	River Oli Health Centre IV	Pakwach Health Centre IV	Ogur Health Centre IV	Kyanamukaaka Health Centre IV	Muyembe Health Centre IV	Rwekubo Health Centre IV	City Medicals Health Centre IV	Njovu Ismalic Medical Centre	North Kigezi Health Centre	IPI Health Center IV - Katulaga
No.	91	92	93	94	95	96	97	98	99	100

Annual Health Sub-Programme Performance Report 205

Overall Score	37	37	37	37	37	37	36	36	36
Total DRG	726	853	3,731	2,454	3,211	3,523	1,710	1,822	2,929
Total APG	1,717	14,320	6,666	6,078	5,276	3,985	6,217	9,728	7,899
ALOS= Patient Days/ Admissions	2	2	2	2	2	0	3	1	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	31	85	55	57	59	1	99	0	97
No. of beds/ Month	19	17	43	51	63	22	33	305,596	35
Patient days	2,178	5,282	8,580	10,575	13,662	81	11,948	2,367	12,387
Blood Transfusions	12	117	69	-	341	26	36	285	630
C/S	32	492	448	256	406	418	70	347	260
MMR /100,000	-	35	58	-	117	125	98	-	-
Maternal deaths	-	1	1	-	2	2	1	-	-
Neonatal mortality rate	-	0	3	-	2	3	1	-	11
Perinatal death /1000	-	5	16	8	12	16	3	7	29
Total deliveries in the unit	133	2,891	1,719	1,370	1,710	1,597	1,019	1,353	924
Inpatient Case Fatality Rate /1000	-	0	10	1	2	2	2	6	14
No. of deaths	-	1	44	6	12	5	9	17	51
Total OPD	25,289	14,124	15,196	24,946	43,159	28,979	26,334	29,269	18,232
No. of admissions	986	2,676	4,398	4,741	5,786	2,892	3,918	2,631	3,609
Ownership	PFP	GOV	GOV	GOV	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Wagagai Health Centre IV	Mbarara Municipal Council Health Centre IV	Bwizibwera Health Centre IV	Budondo Health Centre IV	Kangulumira Health Centre IV	Princess Diana Health Centre IV	Amach Health Centre IV	Kazo Health Centre IV	Orum Health Centre IV
No.	101	102	103	104	105	106	107	108	109

206 Annual Health Sub-Programme Performance Report

Overall Score	36	36	36	36	35	35	35	35	35
Total DRG	2,384	3,207	179	2,174	1,998	1,937	601	2,956	3,041
Total APG	1,173	6,402	349	5,321	7,731	13,228	1,876	5,021	11,034
ALOS= Patient Days/ Admissions	3	3	1	3	1	1	2	4	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	69	117	2	25	43	56	5	86	60
No. of beds/ Month	28	39	10	121	35	23	60	62	59
Patient days	7,100	16,713	57	11,153	5,476	4,674	1,097	19,352	12,965
Blood Transfusions	116	322	2	181	20	-	47	490	444
C/S	398	564	17	340	421	849	77	140	280
MMR /100,000	-	137	-	-	53	-	-	-	123
Maternal deaths	-	3	-	-	1	-	-	-	2
Neonatal mortality rate	4	4	-	1	1	3	-	13	2
Perinatal death /1000	14	28	-	6	6	27	-	33	13
Total deliveries in the unit	487	2,191	49	1,265	1,880	3,296	230	1,297	1,628
Inpatient Case Fatality Rate /1000	1	2	-	4	4	-	1	19	5
No. of deaths	4	14	-	15	16	-	1	96	25
Total OPD	9,821	29,480	2,113	19,821	22,668	18,595	8,520	30,244	40,409
No. of admissions	2,680	5,867	61	3,632	3,971	4,825	690	5,148	4,704
Ownership	GOV	GOV	PFP	GOV	GOV	GOV	PNFP	GOV	GOV
Health Centre IV	Kikyo Health Centre IV	Aduku Health Centre IV	Senta Medicare Health Centre IV	Midigo Health Centre IV	Bushenyi Health Centre IV	Kassanda Health Centre IV	Saidina Abubakar Islamic Hospital	Namokora Health Centre IV	Alebtong Health Centre IV
No.	110	111	112	113	114	115	116	117	118

Annual Health Sub-Programme Performance Report 207

Overall Score	35	35	34	34	34	34	34	34	34
Total DRG	980	1,906	1,988	1,526	733	378	-	2,517	734
Total APG	1,256	25,100	11,135	7,771	4,647	5,786	40	5,515	223
ALOS= Patient Days/ Admissions	2	4	2	3	2	1	2	3	0
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	22	117	71	38	61	25	28	64	3
No. of beds/ Month	39	44	22	45	19	25	2	40	20
Patient days	3,138	18,838	5,679	6,185	4,210	2,269	202	9,395	228
Blood Transfusions	4	-	86	33	-	10	4	38	56
C/S	17	-	156	201	260	92	4	137	60
MMR /100,000	-	-	-	-	-	-	-	-	-
Maternal deaths	-	-	-	-	-	-	-	-	-
Neonatal mortality rate	-	-	3	1	-	-	-	5	-
Perinatal death /1000	4	8	17	14	1	4	-	19	-
Total deliveries in the unit	247	644	1,046	881	1,326	895	11	748	95
Inpatient Case Fatality Rate /1000	1	1	5	2	-	-	-	5	8
No. of deaths	1	5	13	5	-	-	-	18	4
Total OPD	4,258	20,515	23,080	15,823	13,428	12,737	898	15,846	24,707
No. of admissions	1,286	5,281	2,616	2,416	1,863	1,565	107	3,352	532
Ownership	PNFP	GOV	GOV	GOV	GOV	GOV	PNFP	GOV	PFP
Health Centre IV	Moyo Mission Health Centre IV	Toroma Health Centre IV	Buvuma Health Centre IV	Rugaaga Health Centre IV	Buhunga Health Centre IV	Bugamba Health Centre IV	Musana Community Health Centre IV	Mparo Health Centre IV	Bugolobi Medical Centre
No.	119	120	121	122	123	124	125	126	127

Annual Health Sub-Programme Performance Report 208

Overall Score	34	34	34	34	34	34	33	33	33
Total DRG	1,779	752	2,929	2,346	1,327	2,427	840	2,301	2,954
Total APG	20,402	6,950	5,969	30,030	16,511	9,860	1,463	7,363	7,004
ALOS= Patient Days/ Admissions	3	2	3	2	3	3	2	1	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	128	33	90	53	120	78	7	36	64
No. of beds/ Month	26	32	46	29	31	32	64	43	44
Patient days	12,148	3,804	15,174	5,561	13,630	9,100	1,631	5,585	10,357
Blood Transfusions	-	28	115	81	247	89	68	39	184
C/S	-	429	562	174	521	248	73	67	409
MMR /100,000	-	-	68	186	-	68	-	-	89
Maternal deaths	-	-	2	2	-	1	-	-	1
Neonatal mortality rate	-	1	8	6	9	2	-	11	4
Perinatal death /1000	7	8	27	18	35	7	-	35	16
Total deliveries in the unit	818	1,576	2,949	1,076	2,009	1,463	189	653	1,122
Inpatient Case Fatality Rate /1000	0	-	4	4	3	8	5	4	5
No. of deaths	1	-	22	13	18	27	5	16	17
Total OPD	35,636	18,082	22,066	16,653	26,523	18,099	7,507	18,177	20,044
No. of admissions	4,640	1,907	5,709	3,256	5,192	3,452	971	3,732	3,620
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	PFP	GOV	GOV
Health Centre IV	Kalaki Health Centre IV	Bugangari Health Centre IV	Kakumiro Health Centre IV	Rhino Camp Health Centre IV	Buyinja Health Centre IV	Nsiika Health Centre IV	Kyadondo Medical Centre	Karenga Health Centre IV	Kanungu Health Centre IV
No.	128	129	130	131	132	133	134	135	136

Annual Health Sub-Programme Performance Report 209

Overall Score	33	33	33	32	32	32	32	32	32	32
Total DRG	2,506	1,662	2,800	2,180	670	1,904	1,257	2,494	2,816	1,717
Total APG	5,652	2,400	6,177	9,293	3,256	4,337	11,137	3,152	6,103	5,507
ALOS= Patient Days/ Admissions	2	1	3	3	2	2	2	3	3	1
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	52	31	100	47	26	60	52	55	63	29
No. of beds/ Month	54	35	39	41	27	36	54	37	35	56
Patient days	10,346	4,017	14,286	7,005	2,569	7,862	10,257	7,374	8,013	5,988
Blood Transfusions	241	-	486	370	47	126	58	518	-	34
C/S	500	-	257	649	226	345	371	361	-	416
MMR /100,000	-	-	129	128	-	-	43	-	-	47
Maternal deaths	-	-	2	2	-	-	1	-	-	1
Neonatal mortality rate	13	-	8	-	-	3	1	18	-	-
Perinatal death /1000	41	-	23	13	22	12	10	55	16	10
Total deliveries in the unit	2,231	471	1,551	1,561	984	1,034	2,337	810	129	2,135
Inpatient Case Fatality Rate /1000	7	-	6	4	1	9	9	4	1	7
No. of deaths	31	-	31	11	2	36	53	11	3	34
Total OPD	17,005	15,866	17,525	49,586	21,928	26,844	25,074	3,118	12,397	16,647
No. of admissions	4,657	2,780	5,388	2,501	1,608	3,952	5,618	2,584	2,410	4,583
Ownership	GOV	GOV	GOV	GOV	GOV	GOV	GOV	PNFP	GOV	GOV
Health Centre IV	Kibaale Health Centre IV	Buliisa Health Centre IV	Pajule Health Centre IV	State House Health Centre IV	Kiwangala Health Centre IV	Kyarusozi Health Centre IV	Kabwohe Health Centre IV	St. Mary's Kakindo Health Centre IV	5th Military Division Health Centre IV	Kitwe Health Centre IV
No.	137	138	139	140	141	142	143	144	145	146

Overall Score	32	32	32	32	32	32	32	32	32
Total DRG	718	2,128	2,747	1,647	1,459	2,283	4,235	1,285	785
Total APG	1,540	8,870	8,627	2,502	2,998	8,665	8,304	4,702	9,586
ALOS= Patient Days/ Admissions	2	-	2	3	2	3	2	2	2
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	14	-	52	35	47	51	57	35	47
No. of beds/ Month	40	19	36	69	21	26	70	40	26
Patient days	1,973	-	6,769	8,857	3,571	4,800	14,648	5,044	4,458
Blood Transfusions	18	-	46	72	-	-	-	-	-
C/S	51	605	419	114	106	-	296	110	120
MMR /100,000	-	-	132	82	-	-	111	-	-
Maternal deaths	-	-	2	1	-	-	2	-	-
Neonatal mortality rate	-	1	3	1	-	1	13	-	-
Perinatal death /1000	16	5	20	2	9	5	25	5	4
Total deliveries in the unit	190	3,714	1,518	1,224	647	1,250	1,808	507	1,505
Inpatient Case Fatality Rate /1000	1	-	106	68	1	-	7	-	1
No. of deaths	1	-	459	180	3	-	47	-	3
Total OPD	4,778	44,288	24,124	8,275	15,557	29,678	33,179	19,073	16,478
No. of admissions	1,019	4,876	4,311	2,655	2,235	1,631	6,892	2,288	2,608
Ownership	PNFP	GOV	GOV	PNFP	GOV	GOV	GOV	GOV	GOV
Health Centre IV	Kyetume CBHC Health Centre IV	Ndejje Health Centre IV	Buwenge Health Centre IV	Lodonga Health Centre IV	Rwebisengo Health Centre IV	Ober Health Centre IV	Anyeke Health Centre IV	Bisozi Health Centre IV	Rwashamaire Health Centre IV
No.	147	148	149	150	151	152	153	154	155

Annual Health Sub-Programme Performance Report 211

Overall Score	32	32	32	32	32	31	31	31	31	31
Total DRG	3,010	3,524	4,137	181	1,544	155	561	1,268	2,950	764
Total APG	6,930	2,888	9,660	614	1,504	2,039	4,023	1,433	2,712	1,885
ALOS= Patient Days/ Admissions	3	3	3	1	3	1	3	2	3	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	76	32	51	2	43	35	33	43	32	57
No. of beds/ Month	40	89	84	23	40	5	16	30	86	23
Patient days	11,121	10,494	15,685	158	6,257	635	1,924	4,665	10,127	4,760
Blood Transfusions	145	218	-	5	352	-	14	151	247	32
C/S	236	467	-	33	173	89	11	80	416	83
MMR /100,000	92	68	47	-	-	-	-	-	89	-
Maternal deaths	1	1	1	-	-	-	-	-	1	-
Neonatal mortality rate	11	9	-	-	-	-	-	-	4	3
Perinatal death /1000	32	27	12	15	40	2	10	21	20	10
Total deliveries in the unit	1,083	1,465	2,113	135	387	519	104	584	1,126	392
Inpatient Case Fatality Rate /1000	17	15	10	-	10	-	1	8	4	1
No. of deaths	69	58	51	-	21	-	1	15	15	1
Total OPD	20,379	7,017	20,439	1,684	11,374	14,165	24,404	6,198	11,874	10,629
No. of admissions	4,178	3,851	5,005	186	2,198	537	732	1,984	4,032	1,533
Ownership	GOV	PNFP	GOV	PFP	PNFP	GOV	GOV	PNFP	PNFP	GOV
Health Centre IV	Bukwo Health Centre IV	Goli Health Centre IV	Kihihi Health Centre IV	Salaama Memorial Medical Health Centre	Kolonyi Health Centre IV	Kataraka Health Centre IV	Bukasa Health Centre IV	Mulagi Health Centre IV	St. Andrews Bkira Maria Health Centre IV	Mwera Health Centre IV
No.	156	157	158	159	160	161	162	163	164	165

Annual Health Sub-Programme Performance Report 212

Overall Score	31	31	30	30	30	30	30	30	30	30
Total DRG	1,289	1,218	3,173	842	1,442	235	1,300	867	1,702	805
Total APG	8,122	4,961	8,569	5,243	8,317	972	8,729	2,426	2,403	5,257
ALOS= Patient Days/ Admissions	1	2	3	0	2	2	3	2	3	2
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	22	33	31	2	35	15	53	43	112	90
No. of beds/ Month	28	33	84	29	87	10	35	17	24	21
Patient days	2,264	4,005	9,489	194	11,150	530	6,730	2,659	9,809	6,872
Blood Transfusions	-	26	546	-	56	16	17	-	-	31
C/S	30	69	182	115	436	16	233	83	541	76
MMR /100,000	-	-	93	-	-	-	85	-	-	-
Maternal deaths	-	-	1	-	-	-	1	-	-	-
Neonatal mortality rate	-	5	10	-	4	-	1	-	2	4
Perinatal death /1000	7	12	25	4	16	9	3	14	11	13
Total deliveries in the unit	857	642	1,074	1,319	1,800	111	1,180	582	1,562	677
Inpatient Case Fatality Rate /1000	8	1	15	1	2	-	206	-	2	3
No. of deaths	20	3	52	4	12	-	554	-	8	8
Total OPD	12,852	12,956	25,558	19,276	22,969	3,185	27,348	14,271	17,682	21,835
No. of admissions	2,635	2,075	3,430	2,793	4,842	252	2,684	1,675	3,408	3,036
Ownership	GOV	GOV	GOV	GOV	GOV	PNFP	GOV	GOV	GOV	GOV
Health Centre IV	Kaproron Health Centre IV	Nyamuyanja Health Centre IV	Padibe Health Centre IV	Ntungamo Health Centre IV	Ishongororo Health Centre IV	St. Francis (Mityana) Health Centre IV	Kamukira Health Centre IV	Nabiswera Health Centre IV	Nyamirami Health Centre IV	Atiak Health Centre IV
No.	166	167	168	169	170	171	172	173	174	175

Annual Health Sub-Programme Performance Report 213

Overall Score	30	30	29	29	29	29	29	29	29	29
Total DRG	671	654	2,001	-	1,572	1,943	575	2,862	2,079	2,146
Total APG	1,170	1,228	3,358	10,703	6,698	2,746	810	1,833	2,347	729
ALOS= Patient Days/ Admissions	0	2	2	2	2	4	3	2	2	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	3	20	62	65	65	30	18	39	19	37
No. of beds/ Month	8	38	25	32	42	92	26	46	61	47
Patient days	96	2,749	5,625	7,562	9,903	10,146	1,724	6,596	4,198	6,274
Blood Transfusions	8	23	256	92	-	617	28	412	183	123
C/S	50	81	483	324	294	88	49	430	180	361
MMR /100,000	-	-	62	64	-	197	-	116	-	-
Maternal deaths	-	-	1	1	-	1	-	1	-	-
Neonatal mortality rate	-	-	6	-	6	2	-	7	9	8
Perinatal death /1000	-	3	21	2	19	2	17	39	18	30
Total deliveries in the unit	91	329	1,625	1,573	1,122	508	180	860	452	790
Inpatient Case Fatality Rate /1000	3	8	4	4	1	11	2	9	15	22
No. of deaths	1	10	14	14	3	25	1	28	32	45
Total OPD	33,017	5,538	16,475	15,809	31,786	5,463	3,046	11,107	16,971	4,548
No. of admissions	291	1,205	3,438	3,441	4,250	2,301	636	3,054	2,084	2,090
Ownership	PFP	PNFP	GOV	GOV	GOV	PNFP	PNFP	PNFP	PNFP	PNFP
Health Centre IV	Span Medicare	St. Luke Namaliga Health Centre IV	Kikuube Health Centre IV	Kiruhura Health Centre IV	Kigandalo Health Centre IV	Alanyi Health Centre IV	St. Luke Health Centre	St. Theresa Lisieux Rwibaale Health Centre IV	Masindi Kitara Medical Centre	Rwesande Health Centre IV
No.	176	177	178	179	180	181	182	183	184	185

Overall Score	29	29	29	29	29	29	28	28	28	28
Total DRG	1,405	159	657	497	773	1,574	2,474	1,420	888	1,844
Total APG	9,039	58	1,589	3,756	1,243	9,149	6,211	3,032	3,015	2,318
ALOS= Patient Days/ Admissions	1	2	3	1	2	2	2	3	2	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	13	7	36	54	28	42	60	48	48	26
No. of beds/ Month	41	8	18	17	17	46	42	47	19	45
Patient days	1,894	201	2,363	3,335	1,744	7,072	9,157	8,187	3,312	4,264
Blood Transfusions	-	37	155	-	131	228	249	31	93	59
C/S	106	9	176	-	89	215	328	28	184	111
MMR /100,000	-	-	-	-	-	60	47	-	-	-
Maternal deaths	-	-	-	-	-	1	1	-	-	-
Neonatal mortality rate	2	-	3	-	-	2	3	9	2	-
Perinatal death /1000	12	77	22	1	17	21	14	25	7	20
Total deliveries in the unit	584	14	367	1,520	174	1,657	2,125	600	847	339
Inpatient Case Fatality Rate /1000	2	-	-	-	11	9	5	4	1	8
No. of deaths	5	-	-	-	11	36	24	13	1	13
Total OPD	16,629	714	4,938	14,889	13,696	14,723	26,982	21,420	20,327	8,473
No. of admissions	2,108	109	830	2,247	996	3,846	4,872	2,902	1,649	1,641
Ownership	GOV	PFP	PNFP	GOV	PFP	GOV	GOV	GOV	GOV	PNFP
Health Centre IV	Rubaya Health Centre IV	Mugabi Health Centre IV	Mother Francisca Lechner Health Centre IV	Mpara Health Centre IV	Doctors Case Medicals Health Centre IV	Ruhoko Health Centre IV	Bukomero Health Centre IV	Palabek-Kal Health Centre IV	Ssekanyonyi Health Centre IV	Holy Cross - Kikyusa Health Centre IV
No.	186	187	188	189	190	191	192	193	194	195

Annual Health Sub-Programme Performance Report 215

Overall Score	27	27	27	27	27	27	27	27	27
Total DRG	1,678	1,327	1,353	425	981	1,985	227	1,232	692
Total APG	9,602	4,919	7,032	15,611	1,984	3,573	5,572	3,350	5,642
ALOS= Patient Days/ Admissions	0	2	3	1	3	3	1	0	1
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	1	41	38	35	14	36	58	1	10
No. of beds/ Month	22	28	43	8	73	72	8	22	58
Patient days	89	4,208	5,934	1,032	3,610	9,413	1,695	70	2,143
Blood Transfusions	49	-	221	-	67	25	-	-	-
C/S	564	173	20	197	167	348	-	84	215
MMR /100,000	110	-	-	-	312	75	-	-	-
Maternal deaths	2	-	-	-	2	1	-	-	-
Neonatal mortality rate	4	1	7	5	3	3	-	4	-
Perinatal death /1000	25	16	15	11	12	13	2	9	4
Total deliveries in the unit	1,818	1,209	538	631	641	1,328	1,235	1,012	1,571
Inpatient Case Fatality Rate /1000	4	8	19	1	1	5	-	1	3
No. of deaths	9	18	44	1	1	18	-	3	4
Total OPD	21,343	10,295	25,387	8,428	3,816	28,070	12,084	11,145	39,496
No. of admissions	2,113	2,345	2,341	921	1,424	3,281	1,327	2,399	1,579
Ownership	GOV	GOV	GOV	GOV	PNFP	GOV	GOV	GOV	GOV
Health Centre IV	Kojja Health Centre IV	Bwijanga Health Centre IV	Madi-Opei Health Centre IV	Kiyumba Health Centre IV	Azur Health Centre IV	Mungula Health Centre IV	Bulucheke Health Centre IV	Kaserem Health Centre IV	Luzira Staff Clinic
No.	196	197	198	199	200	201	202	203	204

Annual Health Sub-Programme Performance Report 216

Overall Score	27	27	27	27	27	27	27	26	26
Total DRG	160	1,625	1,681	1,491	852	444	548	1,065	57
Total APG	28,389	7,491	5,829	3,160	17,407	2,114	2,252	1,605	596
ALOS= Patient Days/ Admissions	2	4	2	1	2	2	2	2	-
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	27	204	63	7	20	58	5	47	-
No. of beds/ Month	18	18	31	104	42	15	54	19	21
Patient days	1,794	13,374	7,130	2,838	2,990	3,153	1,040	3,271	-
Blood Transfusions	-	-	-	208	23	-	-	53	-
C/S	27	-	131	191	227	-	4	286	27
MMR /100,000	-	-	68	136	-	-	-	-	-
Maternal deaths	-	-	1	1	-	-	-	-	-
Neonatal mortality rate	3	2	4	1	7	2	-	12	-
Perinatal death /1000	5	6	14	11	31	6	-	98	-
Total deliveries in the unit	577	467	1,468	735	750	495	124	567	31
Inpatient Case Fatality Rate /1000	1	1	0	8	7	-	4	5	-
No. of deaths	1	4	1	16	11	-	2	8	-
Total OPD	13,973	18,148	32,309	9,925	15,502	24,220	2,883	9,018	3,853
No. of admissions	913	3,075	3,045	1,928	1,485	1,591	475	1,702	140
Ownership	GOV	GOV	GOV	PNFP	GOV	GOV	PNFP	PFP	PFP
Health Centre IV	Ruteete Health Centre IV	Iriri Health Centre IV	Mpumudde Health Centre IV	St. Francis Health Care Services Health Centre	Kalangala Health Centre IV	Wera Health Centre IV	Kitanga Hilbe Health Centre IV	Red Rose Health Centre IV	Victoria Medical Services Health Centre IV
No.	205	206	207	208	209	210	211	212	213

Annual Health Sub-Programme Performance Report 217

Overall Score	26	26	26	26	26	26	26	26	26	26
Total DRG	763	542	1,847	1,740	1,586	1,048	1,801	1,360	753	1,111
Total APG	1,562	4,923	3,755	1,778	2,194	8,206	8,844	475	1,078	8,395
ALOS= Patient Days/ Admissions	2	2	2	1	3	1	2	5	4	2
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	26	58	30	42	44	16	47	43	20	54
No. of beds/ Month	17	13	38	30	43	39	44	33	26	32
Patient days	1,637	2,735	4,218	4,605	6,888	2,249	7,521	5,212	1,875	6,257
Blood Transfusions	156	-	109	-	102	-	69	377	-	26
C/S	31	-	231	70	129	63	80	62	30	119
MMR /100,000	1,149	-	-	-	222	-	323	-	-	-
Maternal deaths	1	-	-	-	1	-	1	-	-	-
Neonatal mortality rate	-	-	3	8	2	-	3	10	-	3
Perinatal death /1000	13	3	18	16	18	13	30	10	-	7
Total deliveries in the unit	87	682	976	778	451	463	310	103	129	1,085
Inpatient Case Fatality Rate /1000	2	-	6	3	3	159	13	9	35	3
No. of deaths	2	-	17	10	6	267	40	10	18	7
Total OPD	5,999	7,922	27,983	32,505	5,339	17,004	23,870	1,161	7,107	14,077
No. of admissions	1,005	1,356	2,734	3,222	2,296	1,676	3,045	1,055	518	2,675
Ownership	PNFP	GOV	GOV	GOV	PNFP	GOV	GOV	PFP	PFP	GOV
Health Centre IV	Orient Medical Centre	Akokoro Health Centre IV	Warr Health Centre IV	Biiso Health Centre IV	Padre Pio Health Centre IV	Maziba Health Centre IV	Masindi Military Barracks Health Centre	Michoes Medical Health Centre IV	Namulundu Medical Health Centre	Shuuku Health Centre IV
No.	214	215	216	217	218	219	220	221	222	223

Overall Score	26	26	26	26	26	25	25	25	25	25
Total DRG	337	24	1,051	39	-	920	899	-	1,107	530
Total APG	2,291	3,985	5,271	792	-	2,096	6,804	-	344	1,102
ALOS= Patient Days/ Admissions	2	0	3	1	1	2	2	2	2	3
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	13	1	50	1	3	38	19	46	17	41
No. of beds/ Month	19	10	34	14	3	32	37	23	12	13
Patient days	890	24	6,181	73	32	4,482	2,552	3,855	760	1,960
Blood Transfusions	-	-	-	-	-	-	-	-	58	-
C/S	69	-	103	1	-	205	141	377	72	15
MMR /100,000	-	-	-	-	-	-	-	-	-	-
Maternal deaths	-	-	-	-	-	-	-	-	-	-
Neonatal mortality rate	-	-	6	-	-	-	3	1	11	-
Perinatal death /1000	18	-	19	29	-	19	12	14	45	25
Total deliveries in the unit	167	681	539	35	17	919	614	1,600	105	42
Inpatient Case Fatality Rate /1000	-	-	-	-	-	3	1	-	3	1
No. of deaths	-	-	-	-	-	7	1	-	1	1
Total OPD	16,757	13,379	14,338	5,599	558	29,184	17,284	22,180	2,058	4,921
No. of admissions	503	59	1,800	69	33	2,046	1,148	1,888	343	709
Ownership	PFP	GOV	GOV	PFP	PFP	GOV	GOV	PNFP	PFP	PNFP
Health Centre IV	Sikyomu Doctors Medical Centre	Bitereko Health Centre IV	Kamwezi Health Centre IV	Kairos Medical Centre (Mukono)	Delight Medical Centre Mukura	Adumi Health Centre IV	Rubuguri Health Centre IV	Nurture Africa Clinic	Lamu Medical Centre	Arahmah Medical Centre
No.	224	225	226	227	228	229	230	231	232	233

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Overall Score	25	25	25	25	25	25	25	25	25	25
Total DRG	1,045	518	863	154	100	1,060	1,459	677	-	-
Total APG	5,740	6,043	6,476	2,103	1,795	3,138	965	6,315	-	1,130
ALOS= Patient Days/ Admissions	3	1	1	1	2	0	3	2	1	1
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	48	12	13	54	17	1	21	36	10	13
No. of beds/ Month	42	15	36	6	13	25	55	28	13	28
Patient days	7,397	647	1,712	1,185	824	108	4,246	3,652	458	1,314
Blood Transfusions	-	-	-	-	-	47	636	-	-	102
C/S	231	-	234	-	-	169	156	-	-	81
MMR /100,000	85	-	70	-	-	115	-	-	-	-
Maternal deaths	1	-	1	-	-	1	-	-	-	-
Neonatal mortality rate	1	-	2	-	-	2	19	-	-	-
Perinatal death /1000	11	4	9	6	-	22	99	-	-	68
Total deliveries in the unit	1,175	466	1,435	672	316	866	283	710	402	153
Inpatient Case Fatality Rate /1000	2	1	0	-	-	4	26	3	-	36
No. of deaths	4	1	1	-	-	7	42	5	-	32
Total OPD	19,715	16,000	15,664	11,115	13,428	15,046	5,009	18,735	5,673	5,910
No. of admissions	2,296	869	2,078	1,139	539	1,996	1,645	1,611	361	877
Ownership	GOV	GOV	GOV	GOV	GOV	PNFP	PFP	GOV	GOV	PFP
Health Centre IV	Hamurwa Health Centre IV	Mpungu Health Centre IV	Kebisoni Health Centre IV	Bondo Health Centre IV	Kakomo Health Centre IV	Kabubbu Health Centre IV	St. Ambrose Charity Health Centre IV	Rukungiri Health Centre IV	Lwebitakuli Gvt Health Centre IV	Midas Torch Health Centre IV
No.	234	235	236	237	238	239	240	241	242	243

Overall Score	24	24	24	24	24	24	23	23	23
Total DRG	1,828	69	934	1,418	366	324	1,250	673	428
Total APG	2,557	2,077	4,128	7,030	1,046	933	2,673	15,786	2,367
ALOS= Patient Days/ Admissions	3	2	3	3	3	1	2	2	2
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	38	14	7	20	42	4	47	29	26
No. of beds/ Month	73	2	67	84	9	63	27	40	37
Patient days	10,108	102	1,748	6,165	1,392	1,030	4,676	4,189	3,488
Blood Transfusions	453	6	108	224	-	-	-	95	-
C/S	309	-	108	216	20	6	159	52	-
MMR /100,000	101	-	-	292	-	-	-	111	-
Maternal deaths	1	-	-	2	-	-	-	1	-
Neonatal mortality rate	5	-	4	2	-	9	14	3	-
Perinatal death /1000	22	-	24	49	23	9	27	16	6
Total deliveries in the unit	993	24	277	686	180	113	512	898	1,135
Inpatient Case Fatality Rate /1000	11	20	10	16	2	4	2	5	-
No. of deaths	35	1	7	32	1	3	4	10	-
Total OPD	10,228	22,229	19,997	5,688	9,255	4,961	15,077	15,852	17,676
No. of admissions	3,064	50	678	2,026	504	785	1,874	1,994	2,209
Ownership	PNFP	PFP	PNFP	PNFP	PFP	PNFP	GOV	GOV	GOV
Health Centre IV	St. Joseph Of the Good Shepherd Health Centre	Kitante Medical Centre	Benedict Health Centre	Magale (UCMB) Health Centre IV	Bbosa Medical Centre	St. Mary's Kasaala Health Centre IV	Kyantungo Health Centre IV	Maddu Health Centre IV	Nyabirongo Health Centre IV
No.	244	245	246	247	248	249	250	251	252

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Overall Score	23	23	22	22	22	22	22	21	21	21
Total DRG	199	92	615	280	1,157	338	220	731	189	1,119
Total APG	550	28,639	840	481	2,084	3,743	983	3,733	101	795
ALOS= Patient Days/ Admissions	1	2	2	0	2	3	1	2	1	2
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	16	30	17	1	25	25	3	95	3	26
No. of beds/ Month	4	16	12	29	26	20	9	12	24	21
Patient days	236	1,758	752	144	2,330	1,835	111	4,168	292	2,029
Blood Transfusions	-	-	38	66	-	-	-	-	-	178
C/S	8	-	29	64	305	-	-	-	15	155
MMR /100,000	-	-	1,681	-	129	-	-	-	-	329
Maternal deaths	-	-	2	-	1	-	-	-	-	1
Neonatal mortality rate	-	2	-	11	-	-	-	5	74	17
Perinatal death /1000	43	13	25	25	18	-	-	13	148	64
Total deliveries in the unit	22	529	119	278	776	209	1	1,691	20	304
Inpatient Case Fatality Rate /1000	5	-	6	23	3	3	9	2	-	7
No. of deaths	2	-	2	15	4	2	1	4	-	9
Total OPD	4,810	17,124	3,217	7,175	11,494	11,970	21,691	15,032	410	7,306
No. of admissions	405	920	357	651	1,259	680	117	2,416	301	1,281
Ownership	PFP	GOV	PFP	PNFP	GOV	GOV	PFP	GOV	PFP	PNFP
Health Centre IV	Nalugya Health Centre IV	Maracha Health Centre IV	IPI Health Centre IV	Wanda Matugga Health Centre IV	Ntuusi Health Centre IV	Rugyeyo Health Centre IV	Abii Clinic Health Centre	Bukuya Health Centre IV	Love 4 Bukwo Health Centre IV	Franciscan Health Centre IV
No.	253	254	255	256	257	258	259	260	261	262

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Overall Score	21	21	21	20	20	20	19	19	18	17	17
Total DRG	1,390	172	309	391	-	-	950	349	140	752	897
Total APG	2,083	110	8,077	2,442	1,169	7,966	63	2,205	432	777	4,092
ALOS= Patient Days/ Admissions	1	0	2	1		3		2	2	2	2
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	69	2	20	16	-	31	-	33	9	18	24
No. of beds/ Month	7	1	13	27	-	113	-	13	10	40	30
Patient days	1,766	7	926	1,569	-	12,753	-	1,557	322	2,593	2,664
Blood Transfusions	-	-	-	-	-	65	-	-	-	34	-
C/S	-	3	-	-	-	75	-	31	-	24	59
MMR /100,000	-	-	-	-	-	66	-	-	-	-	243
Maternal deaths	-	-	-	-	-	1	-	-	-	-	1
Neonatal mortality rate	4	143	3	-	-	4	-	5	-	21	9
Perinatal death /1000	9	429	3	3	-	10	-	12	-	41	30
Total deliveries in the unit	698	9	297	713	30	1,525	3	605	3	148	411
Inpatient Case Fatality Rate /1000	8	-	-	65	-	4	-	6	-	8	2
No. of deaths	10	-	-	90	-	18	-	5	-	8	3
Total OPD	28,681	253	15,117	23,144	2,922	23,612	298	18,495	4,751	2,714	4,347
No. of admissions	1,181	50	569	1,376	-	4,342	-	840	142	1,041	1,451
Ownership	GOV	PFP	GOV	GOV	PFP	GOV	PFP	GOV	PNFP	PNFP	PNFP
Health Centre IV	Karita Health Centre IV	Josiah People's Health Centre IV	Busanza Health Centre IV	Namalu Health Centre IV	Social Doctors Health Centre IV	Patongo Health Centre IV	Midas Touch Health Centre IV	Ngoma Health Centre IV	Hiima UCI Health Centre IV	St. Mary's Kalule Health Centre IV	Bukwo NGO Health Centre IV
No.	263	264	265	266	267	268	269	270	271	272	273

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Overall Score	16	16	15	15	15	15	15	15	14	11	11
Total DRG	205	–	8	–	–	–	–	–	78	–	34
Total APG	102	1,044	–	13,679	1,220	501	151	67	2,935	235	674
ALOS= Patient Days/ Admissions	0		1						3		
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	1	–	3	–	–	–	–	–	10	–	–
No. of beds/ Month	28	–	1	–	–	–	–	–	7	–	–
Patient days	117	–	10	–	–	–	–	–	263	–	–
Blood Transfusions	–	–	–	–	–	–	–	–	–	–	–
C/S	10	–	6	–	–	–	–	–	–	–	–
MMR /100,000	–	–		–	–	–	–	–	–	–	–
Maternal deaths	–	–	–	–	–	–	–	–	–	–	–
Neonatal mortality rate	77	–		–	–	–	–	–	10	–	–
Perinatal death /1000	77	11		3	–	–	–	–	16	10	14
Total deliveries in the unit	26	182	–	390	13	64	57	3	801	102	235
Inpatient Case Fatality Rate /1000	19	–	–	–	–	–	–	–	–	–	–
No. of deaths	5	–	–	–	–	–	–	–	–	–	–
Total OPD	1,287	4,226	–	49,839	12,454	7,403	1,278	501	14,290	1,637	9,767
No. of admissions	260	–	10	–	–	–	–	–	102	–	–
Ownership	PNFP	PFP	PFP	GOV	PFP	PFP	PFP	PFP	GOV	PFP	PFP
Health Centre IV	Osepadel Medical Centre	Spring Medicare Health Centre IV	Emmanuel Medical Health Centre	Nsambya Police HC IV	Platinum Medical Centre	Ultra Medical Centre	Hope Health Centre	Tonady Medical Centre	Ngogwe Health Centre IV	Naluvule Medical Health Centre	Musana Community Health Centre IV (Kaliro)
No.	274	275	276	277	278	279	280	281	282	283	284

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Health Centre IV	Frost Hospital	Kachumbala Health Centre IV	Pearl Medical Centre HC IV	Medik Health Centre	K.T Medical Centre	Kingsley Children's Medical Centre	SAS Clinic	Gwalibawadde Health Centre II	Naguru Police Health Centre IV	Astu Health Centre IV	
Overall Score	10	8	6	5	5	5	5	4	1	0	
Total DRG	-	-	-	-	-	-	-	1,045	-	-	**644,573**
Total APG	1,282	2,381	797	71	498	924	5	-	9,042	1,240	**2,448,969**
ALOS= Patient Days/ Admissions											**2**
Bed Occupancy Rate = (Patient Days /365)/ Beds *100	-	-	-	-	-	-	-	-	-	-	**2**
No. of beds/ Month	-	-	-	-	-	-	-	-	-	-	**316,443**
Patient days	-	-	-	-	-	-	-	-	-	-	**2,180,009**
Blood Transfusions	-	-	-	-	-	-	-	-	-	-	
C/S	-	-	-	-	-	70	-	-	-	-	
MMR /100,000	-	73	-	-	-						**34**
Maternal deaths	-	1	-	-	-	-	-	-	-	-	**119**
Neonatal mortality rate	-	-	6	29	-						**3**
Perinatal death /1000	48	5	34	88	55						**14**
Total deliveries in the unit	20	1,376	160	44	76	-	-	-	-	-	**352,811**
Inpatient Case Fatality Rate /1000	-	-	-	-	-	-	-	-	-	-	**6**
No. of deaths	-	-	-	-	-	-	-	-	-	-	**5,940**
Total OPD	24,726	25,658	2,179	147	4,450	6,207	2,933	1,228	31,566	10,325	**5,907,756**
No. of admissions	-	-	-	-	-	-	-	-	-	-	**983,150**
Ownership	PFP	GOV	PFP	PFP	PFP	PFP	PFP	PFP	GOV	GOV	
No.	285	286	287	288	289	290	291	292	293	294	

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ANNEX 5: HC IV FUNCTIONALITY BASED ON PROVISION OF CEMNOC

S/N	Local Government	Health Facility	Owner-ship	No. of Deliveries	Caesarean sections	C/S Rate (%)	Transfu-sion Done
1	Kampala	Kisenyi Health Centre IV	GOV	9,886	3,241	32.8	YES
2	Kampala	Kawaala Health Centre IV	GOV	8,733	1,870	21.4	NO
3	Wakiso	Kasangati Health Centre IV	GOV	4,362	1,697	38.9	NO
4	Wakiso	Wakiso Health Centre IV	GOV	4,721	1,442	30.5	YES
5	Kyegegwa	Bujubuli Health Centre IV	GOV	5,030	1,401	27.9	YES
6	Kikuube	Kyangwali Health Centre IV	GOV	3,594	1,388	38.6	YES
7	Sironko	Budadiri Health Centre IV	GOV	3,833	1,156	30.2	YES
8	Kamwenge	Rwamwanja Health Centre IV	GOV	4,233	1,116	26.4	YES
9	Mpigi	Mpigi Health Centre IV	GOV	3,279	1,081	33.0	YES
10	Isingiro	Rwekubo Health Centre IV	GOV	2,290	1,025	44.8	YES
11	Kassanda	Kassanda Health Centre IV	GOV	3,296	849	25.8	NO
12	Kalungu	Bukulula Health Centre IV	GOV	1,832	829	45.3	YES
13	Wakiso	Namayumba Health Centre IV	GOV	2,341	815	34.8	NO
14	Serere	Serere Health Centre IV	GOV	2,437	802	32.9	YES
15	Bunyangabu	Kibiito Health Centre IV	GOV	3,070	790	25.7	YES
16	Kole	Aboke Health Centre IV	GOV	2,455	762	31.0	YES
17	Rubirizi	Rugazi Health Centre IV	GOV	2,172	751	34.6	YES
18	Lwengo	Kyazanga Health Centre IV	GOV	1,900	744	39.2	YES
19	Bundibugyo	Busaru Health Centre IV	PNFP	1,240	732	59.0	YES
20	Sembabule	Ssembabule Health Centre IV	GOV	2,066	704	34.1	NO
21	Manafwa	Bugobero Health Centre IV	GOV	2,291	679	29.6	YES
22	Budaka	Budaka Health Centre IV	GOV	3,813	658	17.3	YES
23	Kiryandongo	Panyadoli Health Centre IV	GOV	3,126	655	21.0	YES
24	Wakiso	State House Health Centre IV	GOV	1,561	649	41.6	YES
25	Ntoroko	Karugutu Health Centre IV	GOV	1,775	635	35.8	YES
26	Bugiri	Nankoma Health Centre IV	GOV	2,468	628	25.4	YES
27	Kassanda	Kiganda Health Centre IV	GOV	2,319	621	26.8	YES
28	Yumbe	Yumbe Health Centre IV	GOV	2,984	617	20.7	YES
29	Bukomansimbi	Butenga Health Centre IV	GOV	2,378	612	25.7	NO
30	Mayuge	Mayuge Health Centre IV	GOV	3,404	606	17.8	YES
31	Wakiso	Ndejje Health Centre IV	GOV	3,714	605	16.3	NO
32	Ngora	Ngora Health Centre IV	GOV	2,385	578	24.2	YES
33	Bukedea	Bukedea Health Centre IV	GOV	1,830	568	31.0	YES
34	Mukono	Kojja Health Centre IV	GOV	1,818	564	31.0	YES
35	Kwania	Aduku Health Centre IV	GOV	2,191	564	25.7	YES

S/N	Local Government	Health Facility	Owner-ship	No. of Deliveries	Caesarean sections	C/S Rate (%)	Transfu-sion Done
36	Kakumiro	Kakumiro Health Centre IV	GOV	3,032	562	18.5	YES
37	Mbale	Busiu Health Centre IV	GOV	2,464	558	22.6	YES
38	Nakasongola	Nakasongola Heath Centre IV	GOV	1,629	556	34.1	YES
39	Kyankwanzi	Ntwetwe Health Centre IV	GOV	2,375	554	23.3	YES
40	Kakumiro	Kakindo Health Centre IV	GOV	2,495	551	22.1	YES
41	Kasese	Nyamirami Health Centre IV	GOV	1,562	541	34.6	NO
42	Kibuku	Kibuku Health Centre IV	GOV	2,163	541	25.0	YES
43	Soroti	Tiriri Health Centre IV	GOV	1,283	538	41.9	YES
44	Bulambuli	Muyembe Health Centre IV	GOV	1,717	535	31.2	YES
45	Namayingo	Buyinja Health Centre IV	GOV	2,009	521	25.9	YES
46	Terego	Omugo Health Centre IV	GOV	1,968	518	26.3	YES
47	Namutumba	Nsinze Health Centre IV	GOV	1,869	517	27.7	YES
48	Luwero	Kalagala Health Centre IV	GOV	1,709	510	29.8	YES
49	Wakiso	Kajjansi Health Centre IV	GOV	2,233	508	22.7	NO
50	Kibaale	Kibaale Health Centre IV	GOV	2,230	500	22.4	YES
51	Kyotera	Kakuuto Health Centre IV	GOV	1,595	494	31.0	YES
52	Mbarara City	Mbarara Municipal Council Health Centre IV	GOV	2,901	492	17.0	YES
53	Kanungu	Kihihi Health Centre IV	GOV	2,113	483	22.9	YES
54	Nebbi	Goli Health Centre IV	PNFP	1,465	467	31.9	YES
55	Mbarara	Bwizibwera Health Centre IV	GOV	1,719	448	26.1	YES
56	Pakwach	Pakwach Health Centre IV	GOV	2,084	447	21.4	YES
57	Luwero	Nyimbwa Health Centre IV	GOV	1,088	445	40.9	YES
58	Serere	Apapai Health Centre IV	GOV	1,189	436	36.7	YES
59	Ibanda	Ishongororo Health Centre IV	GOV	1,800	436	24.2	YES
60	Kyenjojo	St. Theresa Lisieux Rwibaale Health Centre IV	PNFP	860	430	50.0	YES
61	Rukungiri	Bugangari Health Centre IV	GOV	1,576	429	27.2	YES
62	Bushenyi	Bushenyi Health Centre IV	GOV	1,880	421	22.4	YES
63	Bushenyi	Kyabugimbi Health Centre IV	GOV	2,283	420	18.4	YES
64	Jinja	Buwenge Health Centre IV	GOV	1,518	419	27.6	YES
65	Soroti City	Princess Diana Health Centre IV	GOV	1,597	418	26.2	YES
66	Kyotera	St. Andrews Bkira Maria Health Centre IV	PNFP	1,126	416	36.9	YES
67	Ntungamo	Kitwe Health Centre IV	GOV	2,133	416	19.5	YES
68	Kanungu	Kanungu Health Centre IV	GOV	1,122	409	36.5	YES
69	Kayunga	Kangulumira Health Centre IV	GOV	1,889	406	21.5	YES
70	Luuka	Kiyunga Health Centre IV	GOV	1,483	400	27.0	YES
71	Kikuube	Kikuube Health Centre IV	GOV	1,625	398	24.5	YES
72	Wakiso	Nurture Africa Clinic	PNFP	1,600	377	23.6	NO

S/N	Local Government	Health Facility	Owner-ship	No. of Deliveries	Caesarean sections	C/S Rate (%)	Transfu-sion Done
73	Butebo	Butebo Health Centre IV	GOV	1,667	375	22.5	YES
74	Manafwa	Bubulo Health Centre IV	GOV	2,137	373	17.5	YES
75	Sheema	Kabwohe Health Centre IV	GOV	2,337	371	15.9	YES
76	Kasese	Rwesande Health Centre IV	PNFP	790	361	45.7	YES
77	Kakumiro	St. Mary's Kakindo Health Centre IV	PNFP	809	361	44.6	YES
78	Fort Portal City	Bukuku Health Centre IV	GOV	1,245	354	28.4	YES
79	Iganga	Bugono Health Centre IV	GOV	1,286	353	27.4	YES
80	Bugweri	Busesa Health Centre IV	GOV	2,088	353	16.9	YES
81	Kapelebyong	Kapelebyong Health Centre IV	GOV	1,231	349	28.4	YES
82	Adjumani	Mungula Health Centre IV	GOV	1,331	348	26.1	YES
83	Kazo	Kazo Health Centre IV	GOV	1,353	347	25.6	YES
84	Kyenjojo	Kyarusozi Health Centre IV	GOV	1,034	345	33.4	YES
85	Lwengo	Lwengo Health Centre IV	GOV	1,044	342	32.8	YES
86	Yumbe	Midigo Health Centre IV	GOV	1,265	340	26.9	YES
87	Buyende	Kidera Health Centre IV	GOV	2,127	340	16.0	YES
88	Busia	Busia Health Centre IV	GOV	3,328	338	10.2	YES
89	Wakiso	Sebbi Medical Health Centre IV	PFP	577	331	57.4	YES
90	Kiboga	Bukomero Health Centre IV	GOV	2,125	328	15.4	YES
91	Arua City	River Oli Health Centre IV	GOV	2,332	325	13.9	YES
92	Kiruhura	Kiruhura Health Centre IV	GOV	1,573	324	20.6	YES
93	Kaliro	Bumanya Health Centre IV	GOV	1,384	317	22.9	YES
94	Kalungu	St. Joseph Of the Good Shepherd Health Centre	PNFP	994	309	31.1	YES
95	Kamuli	Namwendwa Health Centre IV	GOV	1,277	306	24.0	YES
96	Sembabule	Ntuusi Health Centre IV	GOV	776	305	39.3	NO
97	Dokolo	Dokolo Health Centre IV	GOV	1,887	299	15.8	YES
98	Rwampara	Kinoni Health Centre IV	GOV	1,060	296	27.9	YES
99	Oyam	Anyeke Health Centre IV	GOV	1,817	296	16.3	NO
100	Mayuge	Kigandalo Health Centre IV	GOV	1,122	294	26.2	NO
101	Wakiso	Henrob Family Clinic	PFP	543	293	54.0	YES
102	Mayuge	Kityerera Health Centre IV	GOV	1,442	288	20.0	YES
103	Kassanda	Red Rose Health Centre IV	PFP	567	286	50.4	YES
104	Alebtong	Alebtong Health Centre IV	GOV	1,628	280	17.2	YES
105	Jinja City	Bugembe Health Centre IV	GOV	1,971	273	13.9	NO
106	Otuke	Orum Health Centre IV	GOV	919	260	28.3	YES
107	Sironko	Buwasa Health Centre IV	GOV	985	260	26.4	YES
108	Rukungiri	Buhunga Health Centre IV	GOV	1,326	260	19.6	NO
109	Pader	Pajule Health Centre IV	GOV	1,551	257	16.6	YES
110	Jinja City	Budondo Health Centre IV	GOV	1,370	256	18.7	NO

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111	Rukungiri	North Kigezi Health Centre	PNFP	1,129	251	22.2	YES
112	Wakiso	Buwambo Health Centre IV	GOV	1,796	249	13.9	NO
113	Buhweju	Nsiika Health Centre IV	GOV	1,462	248	17.0	YES
114	Mbale City	Bufumbo Health Centre IV	GOV	1,418	246	17.3	YES
115	Nakaseke	Semuto Health Centre IV	GOV	1,196	241	20.2	YES
116	Kisoro	Chahafi Health Centre IV	GOV	876	239	27.3	NO
117	Bukwo	Bukwo Health Centre IV	GOV	1,083	236	21.8	YES
118	Mbale City	Namatala Health Centre IV	GOV	2,392	236	9.9	YES
119	Rukungiri	Kebisoni Health Centre IV	GOV	1,435	234	16.3	NO
120	Kabale	Kamukira Health Centre IV	GOV	1,180	233	19.7	YES
121	Zombo	Warr Health Centre IV	GOV	977	231	23.6	YES
122	Rubanda	Hamurwa Health Centre IV	GOV	1,175	231	19.7	NO
123	Kumi	Kumi Health Centre IV	GOV	2,113	230	10.9	NO
124	Ntungamo	Rubare Health Centre IV	GOV	1,474	228	15.5	YES
125	Kalangala	Kalangala Health Centre IV	GOV	750	227	30.3	YES
126	Lwengo	Kiwangala Health Centre IV	GOV	984	226	23.0	YES
127	Namisindwa	Magale (UCMB) Health Centre IV	PNFP	686	216	31.5	YES
128	Bundibugyo	Nyahuka Health Centre IV	GOV	2,184	216	9.9	YES
129	Kampala	Luzira Staff Clinic	GOV	1,571	215	13.7	NO
130	Ibanda	Ruhoko Health Centre IV	GOV	1,657	215	13.0	YES
131	Isingiro	Kabuyanda Health Centre IV	GOV	1,549	212	13.7	YES
132	Arua City	Adumi Health Centre IV	GOV	949	205	21.6	NO
133	Isingiro	Rugaaga Health Centre IV	GOV	881	201	22.8	YES
134	Kitagwenda	Ntara Health Centre IV	GOV	1,532	199	13.0	YES
135	Mukono	Herona Medical Centre	PFP	502	198	39.4	YES
136	Masaka City	Kiyumba Health Centre IV	GOV	631	197	31.2	NO
137	Buikwe	St. Francis Health Care Services Health Centre	PNFP	735	191	26.0	YES
138	Kayunga	Bbaale Health Centre IV	GOV	1,040	189	18.2	YES
139	Mityana	Ssekanyonyi Health Centre IV	GOV	847	184	21.7	YES
140	Lamwo	Padibe Health Centre IV	GOV	1,074	182	16.9	YES
141	Masindi	Masindi Kitara Medical Centre	PNFP	452	180	39.8	YES
142	Obongi	Obongi Health Centre IV	GOV	760	178	23.4	YES
143	Ntungamo	Mother Francisca Lechner Health Centre IV	PNFP	367	176	48.0	YES
144	Madi-Okollo	Rhino Camp Health Centre IV	GOV	1,077	174	16.2	YES
145	Mbale City	Kolonyi Health Centre IV	PNFP	387	173	44.7	YES
146	Masindi	Bwijanga Health Centre IV	GOV	1,209	173	14.3	NO
147	Jinja City	Walukuba Health Centre IV	GOV	1,089	171	15.7	YES

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148	Masaka	Kyanamukaaka Health Centre IV	GOV	1,139	171	15.0	YES
149	Wakiso	Kabubbu Health Centre IV	PNFP	866	169	19.5	YES
150	Tororo	Nagongera Health Centre IV	GOV	2,262	169	7.5	YES
151	Hoima City	Azur Health Centre IV	PNFP	641	167	26.1	YES
152	Lira	Ogur Health Centre IV	GOV	1,314	164	12.5	YES
153	Mityana	Kyantungo Health Centre IV	GOV	512	159	31.1	NO
154	Kagadi	St. Ambrose Charity Health Centre IV	PFP	283	156	55.1	YES
155	Buvuma	Buvuma Health Centre IV	GOV	1,046	156	14.9	YES
156	Nakasongola	Franciscan Health Centre IV	PNFP	304	155	51.0	YES
157	Tororo	Mulanda Health Centre IV	GOV	1,702	151	8.9	YES
158	Kamuli	Nankandulo Health Centre IV	GOV	1,199	143	11.9	YES
159	Kisoro	Rubuguri Health Centre IV	GOV	613	141	23.0	NO
160	Kitgum	Namokora Health Centre IV	GOV	1,272	140	11.0	YES
161	Rukiga	Mparo Health Centre IV	GOV	748	137	18.3	YES
162	Omoro	Lalogi Health Centre IV	GOV	1,484	133	9.0	YES
163	Jinja City	Mpumudde Health Centre IV	GOV	1,468	131	8.9	NO
164	Kamwenge	Padre Pio Health Centre IV	PNFP	451	129	28.6	YES
165	Nabilatuk	Nabilatuk Health Centre IV	GOV	757	129	17.0	YES
166	Amolatar	Amolatar Health Centre IV	GOV	1,366	120	8.8	YES
167	Ntungamo	Rwashamaire Health Centre IV	GOV	1,505	120	8.0	NO
168	Nakapiripirit	Tokora Health Centre IV	GOV	660	119	18.0	YES
169	Sheema	Shuuku Health Centre IV	GOV	1,085	119	11.0	YES
170	Ntungamo	Ntungamo Health Centre IV	GOV	1,319	115	8.7	NO
171	Yumbe	Lodonga Health Centre IV	PNFP	1,224	114	9.3	YES
172	Luwero	Holy Cross – Kikyusa Health Centre IV	PNFP	339	111	32.7	YES
173	Kamwenge	Bisozi Health Centre IV	GOV	507	110	21.7	NO
174	Kampala	Benedict Health Centre	PNFP	277	108	39.0	YES
175	Tororo	Mukuju Health Centre IV	GOV	1,646	107	6.5	YES
176	Kabale	Rubaya Health Centre IV	GOV	584	106	18.2	NO
177	Ntoroko	Rwebisengo Health Centre IV	GOV	647	106	16.4	NO
178	Rukiga	Kamwezi Health Centre IV	GOV	539	103	19.1	NO
179	Rwampara	Bugamba Health Centre IV	GOV	895	92	10.3	YES
180	Rukungiri	Doctors Case Medicals Health Centre IV	PFP	174	89	51.1	YES
181	Fort Portal City	Kataraka Health Centre IV	GOV	519	89	17.1	NO
182	Alebtong	Alanyi Health Centre IV	PNFP	508	88	17.3	YES
183	Kapchorwa	Kaserem Health Centre IV	GOV	1,012	84	8.3	NO
184	Mityana	Mwera Health Centre IV	GOV	392	83	21.2	YES

S/N	Local Government	Health Facility	Owner-ship	No. of Deliveries	Caesarean sections	C/S Rate (%)	Transfu-sion Done
185	Nakasongola	Nabiswera Health Centre IV	GOV	515	83	16.1	NO
186	Kyenjojo	Midas Torch Health Centre IV	PFP	153	81	52.9	YES
187	Luwero	St. Luke Namaliga Health Centre IV	PNFP	329	81	24.6	YES
188	Masindi	Masindi Military Barracks Health Centre	GOV	310	80	25.8	YES
189	Butaleja	Mulagi Health Centre IV	PNFP	584	80	13.7	YES
190	Wakiso	Saidina Abubakar Islamic Hospital	PNFP	230	77	33.5	YES
191	Luwero	Njovu Ismalic Medical Centre	PNFP	568	76	13.4	NO
192	Amuru	Atiak Health Centre IV	GOV	677	76	11.2	YES
193	Buyende	Buyende Bugaya Health Centre IV	GOV	1,236	76	6.1	YES
194	Agago	Patongo Health Centre IV	GOV	1,525	75	4.9	YES
195	Kampala	Kyadondo Medical Centre	PFP	203	73	36.0	YES
196	Jinja	Lamu Medical Centre	PFP	105	72	68.6	YES
197	Bundibugyo	Kikyo Health Centre IV	GOV	487	70	14.4	NO
198	Buliisa	Biiso Health Centre IV	GOV	778	70	9.0	NO
199	Lira	Amach Health Centre IV	GOV	1,019	70	6.9	YES
200	Wakiso	Sikyomu Doctors Medical Centre	PFP	167	69	41.3	NO
201	Isingiro	Nyamuyanja Health Centre IV	GOV	642	69	10.7	YES
202	Gulu	Awach Health Centre IV	GOV	1,233	68	5.5	YES
203	Karenga	Karenga Health Centre IV	GOV	653	67	10.3	YES
204	Wakiso	Wanda Matugga Health Centre IV	PNFP	278	64	23.0	YES
205	Kabale	Maziba Health Centre IV	GOV	463	63	13.6	NO
206	Kumi	Michoes Medical Health Centre IV	PFP	103	62	60.2	YES
207	Kampala	Bugolobi Medical Centre	PFP	95	60	63.2	YES
208	Bukwo	Bukwo NGO Health Centre IV	PNFP	411	59	14.4	NO
209	Gomba	Maddu Health Centre IV	GOV	898	52	5.8	YES
210	Mukono	Kyetume CBHC Health Centre IV	PNFP	190	51	26.8	YES
211	Kampala	Span Medicare	PFP	91	50	54.9	YES
212	Kampala	St. Luke Health Centre	PNFP	180	49	27.2	YES
213	Hoima	Kigorobya Health Centre IV	GOV	1,356	46	3.4	YES
214	Mbarara City	UPDF 2nd Div. Health Centre IV	GOV	346	38	11.0	YES
215	Hoima City	City Medicals Health Centre IV	PFP	60	34	56.7	YES
216	Wakiso	Salaama Memorial Medical Health Centre	PFP	135	33	24.4	YES
217	Wakiso	Wagagai Health Centre IV	PFP	133	32	24.1	YES
218	Luwero	Orient Medical Centre	PNFP	87	31	35.6	YES
219	Nakaseke	Ngoma Health Centre IV	GOV	605	31	5.1	NO
220	Wakiso	Namulundu Medical Health Centre	PFP	129	30	23.3	NO
221	Kween	Kaproron Health Centre IV	GOV	857	30	3.5	NO

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222	Mpigi	IPI Health Centre IV	PFP	119	29	24.4	YES
223	Lamwo	Palabek-Kal Health Centre IV	GOV	600	28	4.7	YES
224	Wakiso	Victoria Medical Services Health Centre IV	PFP	30	27	90.0	NO
225	Kabarole	Ruteete Health Centre IV	GOV	577	27	4.7	NO
226	Luwero	St. Mary's Kalule Health Centre IV	PNFP	148	24	16.2	YES
227	Kiboga	Bbosa Medical Centre	PFP	180	20	11.1	NO
228	Lamwo	Madi-Opei Health Centre IV	GOV	538	20	3.7	YES
229	Wakiso	Senta Medicare Health Centre IV	PFP	51	17	33.3	YES
230	Moyo	Moyo Mission Health Centre IV	PNFP	247	17	6.9	YES
231	Mityana	St. Francis (Mityana) Health Centre IV	PNFP	111	16	14.4	YES
232	Bukwo	Love 4 Bukwo Health Centre IV	PFP	20	15	75.0	NO
233	Masaka City	Arahmah Medical Centre	PNFP	42	15	35.7	NO
234	Kalangala	Bukasa Health Centre IV	GOV	105	11	10.5	YES
235	Masindi	Osepadel Medical Centre	PNFP	26	10	38.5	NO
236	Wakiso	Mugabi Health Centre IV	PFP	14	9	64.3	YES
237	Wakiso	Nalugya Health Centre IV	PFP	22	8	36.4	NO
238	Luwero	St. Mary's Kasaala Health Centre IV	PNFP	113	6	5.3	NO
239	Wakiso	Emmanuel Medical Health Centre	PFP	0	6	0.0	NO
240	Kamuli	Musana Community Health Centre IV	PNFP	11	4	36.4	YES
241	Rukiga	Kitanga Hilbe Health Centre IV	PNFP	124	4	3.2	NO
242	Nakaseke	Josiah People's Health Centre IV	PFP	9	3	33.3	NO
243	Wakiso	IPI Health Center IV - Katulaga	PNFP	16	3	18.8	YES
244	Mukono	Kairos Medical Centre (Mukono)	PFP	35	1	2.9	NO
245	Pader	5th Military Division Health Centre IV	GOV	129	0	0.0	NO
246	Kampala	Abii Clinic Health Centre	PFP	1	0	0.0	NO
247	Apac	Akokoro Health Centre IV	GOV	682	0	0.0	NO
248	Katakwi	Astu Health Centre IV	GOV	0	0	0.0	NO
249	Mitooma	Bitereko Health Centre IV	GOV	681	0	0.0	NO
250	Arua	Bondo Health Centre IV	GOV	671	0	0.0	NO
251	Kassanda	Bukuya Health Centre IV	GOV	1,698	0	0.0	NO
252	Buliisa	Buliisa Health Centre IV	GOV	471	0	0.0	NO
253	Bududa	Bulucheke Health Centre IV	GOV	1,235	0	0.0	NO
254	Kisoro	Busanza Health Centre IV	GOV	297	0	0.0	NO
255	Ngora	Delight Medical Centre Mukura	PFP	17	0	0.0	NO
256	Wakiso	Frost Hospital	PFP	20	0	0.0	NO
257	Mukono	Gwalibawadde Health Centre II	PFP	0	0	0.0	NO
258	Kasese	Hiima UCI Health Centre IV	PNFP	3	0	0.0	NO

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259	Luwero	Hope Health Centre	PFP	57	0	0.0	NO
260	Napak	Iriri Health Centre IV	GOV	467	0	0.0	NO
261	Wakiso	K.T Medical Centre	PFP	72	0	0.0	NO
262	Bukedea	Kachumbala Health Centre IV	GOV	1,376	0	0.0	NO
263	Kabale	Kakomo Health Centre IV	GOV	316	0	0.0	NO
264	Kalaki	Kalaki Health Centre IV	GOV	817	0	0.0	NO
265	Amudat	Karita Health Centre IV	GOV	698	0	0.0	NO
266	Mukono	Kigsley Children's Medical Centre	PFP	0	0	0.0	NO
267	Wakiso	Kira Health Centre IV	GOV	956	0	0.0	NO
268	Kampala	Kitante Medical Centre	PFP	24	0	0.0	YES
269	Sembabule	Lwebitakuli Gvt Health Centre IV	GOV	402	0	0.0	NO
270	Maracha	Maracha Health Centre IV	GOV	529	0	0.0	NO
271	Kampala	Medik Health Centre	PFP	44	0	0.0	NO
272	Kumi	Midas Touch Health Centre IV	PFP	3	0	0.0	NO
273	Kyegegwa	Mpara Health Centre IV	GOV	1,521	0	0.0	NO
274	Kanungu	Mpungu Health Centre IV	GOV	466	0	0.0	NO
275	Kaliro	Musana Community Health Centre IV (Kaliro)	PFP	235	0	0.0	NO
276	Butaleja	Nabiganda Health Centre IV	GOV	1,635	0	0.0	YES
277	Kampala	Naguru Police Health Centre IV	GOV	0	0	0.0	NO
278	Wakiso	Naluvule Medical Health Centre	PFP	102	0	0.0	NO
279	Nakapiripirit	Namalu Health Centre IV	GOV	713	0	0.0	NO
280	Buikwe	Ngogwe Health Centre IV	GOV	801	0	0.0	NO
281	Kampala	Nsambya Police HC IV	GOV	390	0	0.0	NO
282	Kasese	Nyabirongo Health Centre IV	GOV	1,135	0	0.0	NO
283	Lira City	Ober Health Centre IV	GOV	1,250	0	0.0	NO
284	Kampala	Pearl Medical Centre HC IV	PFP	147	0	0.0	NO
285	Kampala	Platinum Medical Centre	PFP	13	0	0.0	NO
286	Kanungu	Rugyeyo Health Centre IV	GOV	209	0	0.0	NO
287	Rukungiri	Rukungiri Health Centre IV	GOV	710	0	0.0	NO
288	Mukono	Social Doctors Health Centre IV	PFP	30	0	0.0	NO
289	Wakiso	Spring Medicare Health Centre IV	PFP	182	0	0.0	NO
290	Masindi	Tonady Medical Centre	PFP	3	0	0.0	NO
291	Katakwi	Toroma Health Centre IV	GOV	644	0	0.0	NO
292	Mukono	Ultra Medical Centre	PFP	64	0	0.0	NO
293	Amuria	Wera Health Centre IV	GOV	495	0	0.0	NO

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